

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

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In re:

Case No. 03-33611-GFK

Virgil Moeller,

Chapter 11

Debtor.

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**NOTICE OF HEARING, MOTION OBJECTING TO CLAIMS  
AND MEMORANDUM OF LAW**

TO: The Debtor and other entities specified in Local Rule 9013-3.

1. Nauni Jo Manty, Chapter 11 Trustee of the bankruptcy estate of the above - named Debtor ("Trustee"), moves the Court for the relief requested below and gives notice of hearing.

2. The Court will hold a hearing on this motion at **3:00 p.m. on Wednesday, October 20, 2004**, before the Honorable Gregory F. Kishel, Chief Judge of the Bankruptcy Court, in Courtroom Number 228B, at U.S. Courthouse, 316 North Robert Street, St. Paul, Minnesota.

3. Any response to this motion must be filed and delivered not later than October 13, 2004, which is seven days before the time set for the hearing (including Saturdays, Sundays and legal holidays) or filed and served not later than October 8, 2004, which is ten days before the date set for hearing (including Saturdays, Sundays and legal holidays). **IF A RESPONSE IS NOT TIMELY FILED, THE COURT, IN ITS DISCRETION, MAY GRANT THE RELIEF REQUESTED WITHOUT A HEARING.**

4. This Court has jurisdiction over this motion pursuant to 28 U.S.C. §§ 157 and 1334, Fed. R. Bankr. P. 5005 and Local Rule 1070-1. This is a core proceeding. The petition commencing this Chapter 11 case was filed on May 19, 2003

5. This Motion arises under 11 U.S.C. § 502, Bankr. R. 3007, 9013 and 9014 and Local Rules 3007-1, 9006-1, 9013-1 and 9013-3.

6. Nauni Jo Manty is the duly appointed Chapter 11 Trustee for the bankruptcy estate of the Debtor. The Trustee's Modified First Amended Plan was confirmed on August 20, 2004. Pursuant to the Court's Order and Notice Confirming Plan and Fixing Time Limits, Objections to Claims "shall be served and filed within 30 days" after August 20, 2004.

7. The Trustee objects to the following claims (the "Claims"):

<b>Claim No.</b>	<b>Claimant</b>	<b>Amount</b>	<b>Entity Billed</b>
1	Euler/American Credit Indemnity	18,150.35	Moeller Farms, Inc.
3	Prins Trucking, Inc.	6,536.62	Moeller Farms, Inc.
4	Sonlite Express, Inc.	1,772.90	Moeller Farms, Inc.
5	Fred Buss	3,000.00	Vamco, Inc.
7	Atlantic Carriers, Inc.	1,158.20	Vamco, Inc.
8	Sundrup Transfer, Inc.	2,146.67	Moeller Farms, Inc.
10	Baja Enterprises	2,408.04	Vamco, Inc.
11	Four Corners	438.55	Moeller Farms, Inc.
12	Ayers Oil	1,173.11	Moeller Farms, Inc.
14	RTS	877.22	Moeller Farms, Inc.
15	Greg Lane	3,230.52	Vamco, Inc.
16	Gaalsyk Brothers Trucking, Inc.	4,878.92	Vamco, Inc.
19	Post Bulletin	219.30	Moeller Farms, Inc.
20	Kwik Trip	2,680.27	Vamco, Inc.
21	Bauer Built, Inc.	2,831.60	Moeller Farms, Inc.
22	CenturyTel of Minnesota, Inc.	725.70	Moeller Farms, Inc., and Vamco, Inc.
23	Runge Transportation	622.07	Moeller Farms, Inc.
24	Dog, Inc.	418.38	Vamco, Inc.
26	Ameripride Linen	294.80	Moeller Farms, Inc.
30	Gene Wilder	2,375.00	Vamco, Inc.
31	Jacob Wilder	7,647.00	Moeller Farms, Inc.
34	Olmstead Medical	90.00	Moeller Farms, Inc.

8. Pursuant to Local Rule R. 9013 – 2 (e), the Claims exceed 50 pages in total. The above provides a summary of the Claims. You may obtain a copy at [www.mnb.uscourts.gov](http://www.mnb.uscourts.gov) or request a copy by

contacting the undersigned. A copy of the Claims are attached to the motion filed with the bankruptcy court as Exhibit A.

9. After confirmation of the plan, the Debtor provided the Trustee with information regarding the Claims. The Trustee objects to the Claims because they are debts of either Moeller Farms, Inc. or Vamco, Inc. corporations owned by the Debtor. The claims are, therefore, not the debt of the individual Debtor. Copies of the Secretary of State Corporate Records are attached hereto as Exhibit B, which evidence the incorporation of Moeller Farms, Inc. and Vamco, Inc. To the extent that any of the claimants have personal guaranties supporting their claims, the Trustee will withdraw her objection to those claims upon submission of the proper documentation.

### **MEMORANDUM OF LAW**

A properly filed proof of claim is prima facie evidence of the validity of the claim. Fed. R.Bankr. P. 3001(f); In re Consumers Realty & Development Co., 238 B.R. 418, 422 (8<sup>th</sup> Cir. BAP 1999); In re Immerfall, 216 B.R. 269, 272 (Bankr. D. Minn. 1998). If the objecting party brings forth evidence rebutting the claim, then the claimant must produce additional evidence to prove the validity of the claim by the preponderance of the evidence. Id.; see also Oriental Rug Warehouse Club, 205 BR. 407, 410 (Bankr. D. Minn. 1997). Thus, “once an objection is made to a proof of claim the ultimate burden of persuasion as to the claim’s validity and amount rests with the claimant.” Id.

In this matter, the Claims appears to be corporate debt rather than a personal debt of the Debtor. The general rule in Minnesota is that officers (or shareholders) of a corporation are shielded from personal liability in connection with contracts if they merely cause the corporation not to perform on the contract. Furley Sales Assocs. v. North Am. Automotive, 325 N.W. 2d 20, 26 (Minn. 1982). As such, the Debtor

is not personally liable for payment of the Claims, rather the corporations, Moeller Farms, Inc., and Vamco, Inc., are responsible for payment of the debt.

**WHEREFORE**, the Trustee requests that the objection as to the Claims be sustained and the Claims be disallowed in its entirety.

Dated: September 9, 2004

RIDER, BENNETT, LLP

By           /e/ Nauni Jo Manty            
Nauni Jo Manty (#230352)  
333 South Seventh Street, Suite 2000  
Minneapolis, MN 55402  
(612)340-8900

Attorneys for the Chapter 11 Trustee

<b>United States Bankruptcy Court</b> MINNESOTA BANKRUPTCY COURT ST. PAUL OFFICE	<b>PROOF OF CLAIM</b>
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In re (Name of Debtor) Moeller Farms, Inc.	Case Number 03-33611
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Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of Creditor : E F S National Bank Inc	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notices Should be Sent <b>EULER/American Credit Indemnity AGENT OF E F S National Bank Inc 100 E. PRATT STREET, 5TH FLR. BALTIMORE, MD 21202</b>	
Telephone No. <b>800-866-5551</b>	

THIS SPACE IS FOR  
COURT USE ONLY

Account or other number by which creditor identifies debtor: 000312457	<input type="checkbox"/> replaces Check here if this claim: a previously filed claim, dated: _____ <input type="checkbox"/> amends
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1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED:	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.	
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)  Amount of arrearage and other charges included in secured claim above, if any \$ _____  <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIMS 18,150.35 US\$ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the priority of the claim. <input type="checkbox"/> Wages Salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use-11 U.S.C. 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units __ 11 U.S.C. 507(a)(7) <input type="checkbox"/> Other __ 11 U.S.C. 507(a)(2), (a)(5) __ (Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <div>18,150.35 US\$ (Unsecured) (Secured) (Priority)</div>	<div>18,150.35 US\$ (Total)</div>
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition of the principal amount of the claim. Attach itemized statement of all additional charges.	

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7. SUPPORTING DOCUMENTS: Attach copies of support documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR  
COURT USE ONLY

Date 5/30/2003	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Ed Gorsuch - Case Manager
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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 152 and 3571.



Account Number	Branch Number	Moeller Farms Reference Number	Account 103346 Billing Date	Amount Billed	Reference Balance
103346	17	3083	3/24/2003	\$ 827.79	\$ 827.79
103346	17	3084	3/25/2003	\$ 1,158.58	\$ 1,158.58
103346	17	3085	3/26/2003	\$ 908.32	\$ 908.32
103346	17	3086	3/27/2003	\$ 821.80	\$ 821.80
103346	17	3087	3/28/2003	\$ 1,040.08	\$ 1,040.08
103346	17	3088	3/29/2003	\$ 763.88	\$ 763.88
103346	17	3089	3/31/2003	\$ 848.00	\$ 848.00
103346	17	3090	4/1/2003	\$ 1,192.58	\$ 1,192.58
103346	17	3091	4/2/2003	\$ 1,081.79	\$ 1,081.79
103346	17	3092	4/3/2003	\$ 802.19	\$ 802.19
103346	17	3093	4/7/2003	\$ 606.27	\$ 606.27
103346	17	3097	4/8/2003	\$ 803.20	\$ 803.20
103346	17	3098	4/9/2003	\$ 1,374.44	\$ 1,374.44
103346	17	3100	4/10/2003	\$ 1,270.88	\$ 1,270.88
103346	17	3101	4/11/2003	\$ 304.08	\$ 304.08
103346	17	3102	4/12/2003	\$ 37.24	\$ 37.24
103346	17	3104	4/14/2003	\$ 1,356.82	\$ 1,356.82
103346	17	3105	4/15/2003	\$ 824.56	\$ 824.56
103346	17	3106	4/16/2003	\$ 1,323.49	\$ 1,323.49
103346	17	3107	4/17/2003	\$ 518.34	\$ 518.34
103346	17	3107-4873801	4/17/2003	\$ 82.00	\$ 82.00
				Total	\$ 18,150.35



May 30, 2003

Minnesota Bankruptcy Court St. Paul Office  
316 N. Robert St.  
Suite 200  
St. Paul, MN 55101

Attention: Court Clerk

Bankruptcy Case No: 03-33611  
Re: E F S National Bank Inc  
Claim No: 000312457  
Debtor: Moeller Farms, Inc.  
Balance Due: 18,150.35 US\$

Dear Court Clerk:

Enclosed for filing in the above proceedings is the proof of claim of E F S National Bank Inc in the amount of 18,150.35 US\$ and supported by an itemized statement of account.

Pursuant to rule 2002G and 3009, we request that all notices and dividend checks be mailed to the address indicated on the proof of claim form.

Please acknowledge receipt of this filing on the attached copy of the proof of claim. A business reply envelope is provided.

Thank you for your assistance.

Sincerely,

Ed Gorsuch  
Case Manager  
EULER ACI  
410-554-0775  
Encls.



EULER American Credit Indemnity 100 East Pratt Street Baltimore, MD 21202-1008  
1-877-883-3224 [www.eulergroup.com](http://www.eulergroup.com)

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

U.S. BANKRUPTCY COURT  
ST. PAUL, MN

03 JUN 16 AM 9:51

RECEIVED  
3

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**PRINS TRUCKING INC**  
Name and Address where notices should be sent:

**PRINS TRUCKING INC**  
**414 OXFORD STREET**  
**WORTHINGTON MN 56187**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☒ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: **507-372-2040**

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces ☐ amends a previously filed claim, dated **MLP**
**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**2-3-2003**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**
**\$ 6537.62**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**
☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date

**6-12-03**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**Sherrille L. Roth Manager**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



12:21 PM  
06/12/03  
Accrual Basis

**Prins Trucking, Inc.**  
**Customer Open Balance**  
**All Transactions**

Type	Date	Num	P. O. #	Memo	Amount
<b>Moeller Farms</b>					322.79
Invoice	2/3/2003	5212	99001		327.73
Invoice	2/3/2003	5236	99002		183.82
Invoice	2/3/2003	5250			482.60
Invoice	2/3/2003	5251	91860		588.90
Invoice	2/12/2003	5395	103999		446.88
Invoice	2/19/2003	5543	109218		189.38
Invoice	3/13/2003	5874			369.60
Invoice	3/13/2003	5875	122084		473.48
Invoice	3/13/2003	5892	122355		455.43
Invoice	3/13/2003	5894	116154		461.24
Invoice	3/24/2003	6054	122035		500.75
Invoice	3/25/2003	6105	126731		199.32
Invoice	3/26/2003	6161			519.06
Invoice	3/26/2003	6162	129756		422.37
Invoice	3/26/2003	6182	129628		326.78
Invoice	4/1/2003	6267	133187		267.49
Invoice	5/19/2003	FC 1		Finance Charge 21%	
					6,537.62
Total Moeller Farms					
					<b>6,537.62</b>
<b>TOTAL</b>					

**COPY**



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5212**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
99001	1/28/2003	01/29/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
2/3/2003		Cal	192JF
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
24.83	Wheat Midds	13.00	322.79

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Ag Partners LLC.**  
**Sheldon, IA.**

PO # 4017884

**Balance Due \$322.79**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5236**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER		LOAD DATE	UNLOAD DATE	SHIP VIA	
99002		1/29/2003	01/30/2003		
INVOICE DATE	TERMS		DISPATCHER	DRIVER	
2/3/2003			Cal	003BH	
QUANTITY	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
25.21	Wheat Midds			13.00	327.73

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Ag Partners LLC.**  
**Sheldon, IA.**

**PO # 4017885**

**Order # 24713**

**Balance Due      \$327.73**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5250**

BILL TO:

**Moeller Farms  
PO Box 109  
Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
	1/21/2003	01/22/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
2/3/2003		Cal	95LE
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE

26.26 Soybean Meal

7.00

183.82

Origin:

**Harvest States  
Mankato, MN.**

Destination:

**Harmony Ag.  
Harmony, MN.**

PU # 100543

Load # 7120732

C230674

**Balance Due \$183.82**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5251**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
91860	1/22/2003	0123	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
2/3/2003		Cal	95LE
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
25.4	Wheat Midds	19.00	482.60

Origin:

Horizon Milling LLC  
Lake City, MN.

Destination:

Bloom N Egg Farm  
Bloomfield, NE.

PO # 262178

**Balance Due**      **\$482.60**

Terms: Due upon receipt

Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5395**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
103999	2/6/2003	02/07/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
2/12/2003		Cal	223WC
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
22.65	Wheat Midds	20.00	453.00

Origin:  
Lake City, MN.

Destination:  
Farmland Industries  
Fremont, NE.

22.65	Load was rediverted from Fremont to Purina, Lincoln, NE.	6.00	135.90
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PO #3158477  
Purina PO #4500376337-00001

**Balance Due** **\$588.90**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5543**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER		LOAD DATE	UNLOAD DATE	SHIP VIA	
109218		2/13/2003	02/14/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER	
2/19/2003		Cal		200co	
QUANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
23.52	Wheat Midds		19.00	446.88	

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Bloom N Egg Farm**  
**Bloomfield, NE.**

Unloading Ticket # 098546  
PO # 265987

**Balance Due \$446.88**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5874**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER		LOAD DATE	UNLOAD DATE	SHIP VIA	
		3/3/2003	03/04/2003		
INVOICE DATE	TERMS		DISPATCHER	DRIVER	
3/13/2003			Cal	207CC	
QUANTITY	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
25.25	Soybean Meal			7.50	189.38

Origin:

**ADM Milling**  
**Mankato, MN.**

Destination:

**Harmony Agri Services Inc.**  
**Harmony, MN.**

PU # 583759

Order # 3295

Seq # 97

**Balance Due \$189.38**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY





*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5875**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
122084	3/4/2003	03/04/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/13/2003		Cal	207CC
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
23.1	Wheat Midds	16.00	369.60

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Big Red Mill**  
**Wakefield, NE.**

PO # 355678

Unloading Ticket # 355678

**Balance Due \$369.60**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5892**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
122355	3/6/2003	03/07/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/13/2003		Cal	213LB
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
24.92	Wheat Midds	19.00	473.48

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Bloom N Egg Farm**  
**Bloomfield, NE.**

PO # 269876

Unloading Ticket # 099122

**Balance Due \$473.48**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

**COPY**



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **5894**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
116154	2/28/2003	03/03/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/13/2003		Cal	193JH
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
23.97	Wheat Midds	19.00	455.43

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Bloom N Egg Farm**  
**Bloomfield, NE.**

PO # 268621

Unloading Ticket # 098995

**Balance Due \$455.43**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **6054**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
122035	3/10/2003	03/11/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/24/2003		Cal	192JF
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
23.12	Wheat Midds	19.00	439.28

Origin:

Horizon Milling LLC  
Lake City, MN.

Destination:

Bloom N Egg Farm  
Bloomfield, NE.

PO # 269879

Unloading Ticket # 099197

439.28	Fuel Surcharge	0.05	21.96
--------	----------------	------	-------

**Balance Due \$461.24**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



**Prins Trucking, Inc.**  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **6105**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
126731	3/12/2003	03/13/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/25/2003		Cal	95LE
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
25.1	Wheat Midds	19.00	476.90

Origin:

Horizon Milling  
Lake City, MN.

Destination:

Bloom N Egg Farm  
Bloomfield, NE.

PO # 271254

Unloading Ticket # 099268

25.1	5% Fuel Surcharge	0.95	23.85
------	-------------------	------	-------

**Balance Due** **\$500.75**

Terms: Due upon receipt

Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **6161**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
	3/19/2003	03/19/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/26/2003		Cal	105
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE

25.31	Soybean Meal	7.50	189.83
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Origin:

**ADM**  
**Mankato, MN.**

Destination:

**Harmony Agri Services Inc.**  
**Harnony, MN.**

PU # 744095

Order # 3355

SEQ # 293

189.83	Fuel Surcharge	0.05	9.49
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**Balance Due \$199.32**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.  
INVOICE NO. **6162**

BILL TO: **Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
129756	3/19/2003	03/20/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/26/2003		Cal	105
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
23.54	Wheat Midds	21.00	494.34

Origin:  
Horizon Milling  
Lake City, MN.

Destination:  
Purina Mills  
Lincoln, NE.

PO # 385959-3

494.34	Fuel Surcharge	0.05	24.72
--------	----------------	------	-------

**Balance Due**      **\$519.06**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY



*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 - 1-800-628-9152

## INVOICE

CUSTOMER NO.

INVOICE NO. **6182**

BILL TO:

**Moeller Farms**  
**PO Box 109**  
**Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
129628	3/20/2003	03/21/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
3/26/2003		Cal	206JY
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
22.23	Wheat Midds	19.00	422.37

Origin:

**Horizon Milling LLC**  
**Lake City, MN.**

Destination:

**Bloom N Egg Farm**  
**Bloomfield, NE.**

Unloading Ticket # 099478  
PO # 272799

**Balance Due \$422.37**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY





*Prins Trucking, Inc.*  
414 OXFORD ST.  
WORTHINGTON, MN 56187-9802  
507-372-2040 • 1-800-628-3152

## INVOICE

CUSTOMER NO.

INVOICE NO. **6267**

BILL TO:

**Moeller Farms  
PO Box 109  
Spring Valley, MN 55975**

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA
133187	3/25/2003	03/21/2003	
INVOICE DATE	TERMS	DISPATCHER	DRIVER
4/1/2003		Cal	207CC
QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
23.94	Wheat Midds	13.00	311.22

Origin:

**Horizon Milling LLC  
Lake City, MN.**

Destination:

**Don's Farm Supply  
Newell, IA.**

311.22	5% Fuel Surcharge	0.05	15.56
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**PO #4450-6**

**Unloading scale ticket #709**

**Balance Due \$326.78**

Terms: Due upon receipt  
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

# COPY

Prins Trucking, Inc.  
 414 Oxford Street  
 Worthington, MN 56187

# Finance Charge

Date	Invoice #
5/19/2003	FC 1

Bill To  
 Moeller Farms  
 PO Box 109  
 Spring Valley, MN 55975

		Terms
Description	Amount	
Finance Charges on Overdue Balance	267.49	
Invoice #5212 for 322.79 on 02/03/2003		
Invoice #5236 for 327.73 on 02/03/2003		
Invoice #5250 for 183.82 on 02/03/2003		
Invoice #5251 for 482.60 on 02/03/2003		
Invoice #5395 for 588.90 on 02/12/2003		
Invoice #5543 for 446.88 on 02/19/2003		
Invoice #5874 for 189.38 on 03/13/2003		
Invoice #5875 for 369.60 on 03/13/2003		
Invoice #5892 for 473.48 on 03/13/2003		
Invoice #5894 for 455.43 on 03/13/2003		
Invoice #6054 for 461.24 on 03/24/2003		
Invoice #6105 for 500.75 on 03/25/2003		
Invoice #6161 for 199.32 on 03/26/2003		
Invoice #6162 for 519.06 on 03/26/2003		
Invoice #6182 for 422.37 on 03/26/2003		
Invoice #6267 for 326.78 on 04/01/2003		
<b>Total</b>	<b>\$267.49</b>	
<b>Payments/Credits</b>	<b>\$0.00</b>	
<b>Balance Due</b>	<b>\$267.49</b>	

**COPY**

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**SONLITE EXPRESS INC**

Name and Address where notices should be sent:

**SONLITE EXPRESS INC**  
**86886 571 AVENUE**  
**LAUREL NE 68745**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces a previously filed claim, dated \_\_\_\_\_  
☐ amends

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
3-19-03 thru 4-15-03
**3. If court judgment, date obtained:**
\$ 177,009
**4. Total Amount of Claim at Time Case Filed:**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date

6-11-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Volanda Hansen
Volanda Hansen / Secretary Secretary

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Sonlite Express Inc.

86886 571 Ave.  
Laurel, NE 68745

# Invoice

Date	Invoice #
3/19/2003	7828.7840

**Bill To**

MOELLER FARMS INC  
PO BOX 109  
SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	23.47	12.00	281.64
WHEAT MIDDS 126251			
Pickup: LAKE CITY, MN, 3/11/2003 Drop: NEWELL, IA, 3/12/2003 FS: FUEL SURCHARGE	1	14.08	14.08
Total			\$295.72
Payments/Credits			\$0.00
Balance Due			\$295.72

Phone #	Fax #	E-mail	Web Site
402-256-3563	402-256-9518	yhansen@hartel.net	www.sonliteexpress.com

HORIZON MILLING

STRAIGHT BILL OF LADING - SHORT FORM

MEMORANDUM

RECEIVED - SHIP TO THE "SHIPPER'S ORDER" AND THE  
agreement in writing of the applicable transportation con-  
tract in effect on the date of the issue of this Bill of  
Lading. The property described below in apparent good  
order except as noted hereon and condition of con-  
tents of packages unknown, marked, counted, and  
and delivered as indicated below, which shall be  
(the word carrier being understood throughout the  
contract as meaning any person or corporation in pos-  
session of the property under the contract agrees to  
carry to the place of delivery at said destination, or  
on its route, or to any other place, and to each party  
each carrier of all or any of said property, and all or any  
portion of said route to destination, and to each party  
as at any time interested in all or any of said property,  
that every service to be performed by the carrier shall be  
subject to all the terms and conditions of the Uniform  
Domestic Straight Bill of Lading (Section 1) in the Code  
of Federal Regulations, 49 CFR, 1005, in effect on the  
date hereof, if this is a rail or rail-water shipment, or (2)  
in the applicable motor carrier classification, or both,  
specifically agreed to in writing or the applicable trans-  
portation contract and the applicable terms and condi-  
tions of the National Motor Freight Classification 100, if  
this is a motor carrier shipment.

The said terms and conditions are hereby agreed to by  
the shipper and accepted by the carrier and its assigns.

ORDER  
126251.00  
ORIGIN POINT:  
LAKE CITY, MI  
PO #: 4427-3  
DATE SHIPPED: 3-11  
UNIT ID: 100  
SEALS

SHIPPER/GENERAL OFFICE:  
Horizon Milling, LLC  
P O BOX 5606  
MINNEAPOLIS, MN 55440-5606  
CONSIGNED TO:  
BONS FARM  
360 W 3RD ST  
NEWELL, IA  
67201

MILL: LCCITY

TRAFFIC INFORMATION

DELIVERY CARRIER: MUEL ROUTE: MOELLER 13815

WEIGHTS TO GOVERN: SHIPPERS WEIGHT

LINE ITEMS

QUANTITY SIZE/PACKAGING BRAND UPC CODE WHEAT MIDDS

20760

TRUCK LICENSE #  
CUST: IOWA SELECT FARMS LP  
011 8 QAY ST  
TRACTORIAH FALLS, IA 50126-0000  
TRAILER #  
100  
DRIVER (Printed)

REMARKS

FOR THE MANUFACTURE OF COMMERCIAL FEED  
CRUDE PROTEIN, 14.0%  
CRUDE FAT, 3.0%  
CRUDE FIBER, 9.5%  
MOISTURE, 14.5%  
ASH, 0.5%  
INSPECTION: WHEAT MIDDS, W/GRAND WHEAT SCREENINGS

Weight subject to verification by the governing Weighing and Inspection Bureau in accordance with  
agreement.  
HORIZON MILLING, LLC  
P.O. BOX 5606  
MINNEAPOLIS, MN 55440-5606

THIS IS TO CERTIFY that the articles named herein are properly classified, described, packaged,  
marked and labeled, and are in proper condition for transportation, according to the applicable regu-  
lations of the Department of Transportation.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to  
consignee without recourse on the consignor, the consignor shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful  
charges.

XP 350 (402)

PREPAID

DATE 3/11/07

ABOVE COMMODITIES RECEIVED BY CARRIER / AGENTS SIGNATURE

ABOVE COMMODITIES SHIPPED BY HORIZON MILLING, LLC

on's Farm Supply

Receiver Number: 609

Date: 03/11/03

Time: 13:41

Operator Number: SCOTT

Supplier: HORIZON

Contract Number:

Railcar Number:

Truck I.D.:

Ingredient Code: 31500  
Midds

Destination: 408 408 Midds

2nd Destination: 407 407 Midds

Lot Number:

nts (Bagged Incred.): 0

---

Density: 0.00 Lbs/Ft^3

F.M.: 0.00 %

Moisture: 0.00 %

Sample:

---

Notes:

---

GROSS WEIGHT: 75460 Lbs.

TARE WEIGHT: 28560 lbs.

NET WEIGHT: 46900 Lbs.

Sonlite Express Inc.

86886 571 Ave.  
Laurel, NE 68745

# Invoice

Date	Invoice #
3/26/2003	7896.7908

**Bill To**

MOELLER FARMS INC  
PO BOX 109  
SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	23.17	21.00	486.57
WHEAT MIDDS 129754			
Pickup:LAKE CITY,MN, 3/17/2003 Drop:LINCOLN,NE, 3/18/2003 FS: FUEL SURCHARGE	1	24.33	24.33
Total			\$510.90
Payments/Credits			\$0.00
Balance Due			\$510.90

Phone #	Fax #	E-mail	Web Site
402-256-3563	402-256-9518	yhansen@hartel.net	www.sonliteexpress.com

HORIZON MILLING

STRAIGHT BILL OF LADING - SHORT FORM

MEMORANDUM

RECEIVED, subject to the classifications and tariffs agreed to in writing or the applicable transportation contract in effect on the date of the bill of lading, the property described below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, on its route, otherwise to deliver to another carrier, on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each property, as at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Code of Federal Regulations, 49 CFR 1035 in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification, or tariff specifically agreed to in writing or the applicable transportation contract and the applicable laws and conditions of the National Motor Freight Classification 100, if this is a motor carrier shipment.

The said terms and conditions are hereby agreed to by the shipper and accepted for itself and its assigns.

129754.00

ORIGIN POINT:  
LAKE CITY, MN

PO # 355555

DATE SHIPPED:

UNIT 101

SEALS

CONSIGNEE TO:  
PURINA MILLS LLC  
500 S. COTNER BLVD  
LINCOLN, NE

67241

LAKE CITY

TRAFFIC INFORMATION

DELIVERY CARRIER: NEW SOURCE WHEELER 13875

WEIGHTS TO GOVERN: SHIPPERS WEIGHT

LINE ITEMS

QUANTITY DATE/PACKAGING  
35555 35555

UPC CODE  
WHEAT MIDG

BULK TRUCK

REMARKS

625410

CA

TRUCK LICENSE #
OWNER: HORIZON MILLING LLC
TRACTOR: 10000000000000000000
TRAILER #
DRIVER (Printed)

Weight subject to verification by the governing Weighing and Inspection Bureau in accordance with agreement. HORIZON MILLING, LLC  
P.O. BOX 5608  
MINNEAPOLIS MN 55440-5608

THIS IS TO CERTIFY that the articles named herein are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

Subject to Section 1 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: (The carrier shall not make delivery of this shipment without payment of freight and all other charges due on this shipment.)

XL-480 (4/02)

FREIGHT TERMS: PREPAID

DATE: 3/20/07

X Mike Pearson

ABOVE COMMODITIES RECEIVED BY CARRIER / AGENTS SIGNATURE

X Jim Martin  
ABOVE COMMODITIES SHIPPED BY HORIZON MILLING, LLC



Purina Mills, Inc.

Weight Stamp

75020 1b 6  
28780 1b 6

Scale Number: \_\_\_\_\_

Shipper/Producer: \_\_\_\_\_

Seller:

HORIZON MILLING LLC  
PO BOX 6012  
FARGO, ND 58108-6012

Please deliver to:

Purina Mills, LLC  
5500 North Cotner Boulevard  
Lincoln, NE 68507

46340

46240

Purchase Order Number: 4500385959 Delivery Terms: FOB TOPEKA, KS

129754

Item #	Material #	Material Description	Quantity	Unit	Delivery Date
D-Ticket#		Delivery Text			

00001	1002358	Wheat Middlings-Bulk	25.000	TON	03/18/2003
-------	---------	----------------------	--------	-----	------------

DATE ARRIVED 3-18		SAMPLE		1	2	3	4
DATE UNLOADED 3-18-07		SUPPLIER		1	2	3	4
CP DATE		OLD INGREDIENT CODE		1	2	3	4
SEAL NUMBER		TRACKING NUMBER		ROUTE/CARRIER			
QUALITY INSPECTION		TO BINS		MATERIALS ADDED		QUANTITY	
<input checked="" type="checkbox"/> Properly Labelled <input checked="" type="checkbox"/> Good Appearance <input checked="" type="checkbox"/> Free of Contamination <input type="checkbox"/> Free of Treated Seed <input type="checkbox"/> Free of Living Insects <input checked="" type="checkbox"/> Good Condition <input checked="" type="checkbox"/> Good Odor		72 VEHICLE CONDITION <input checked="" type="checkbox"/> No Leaks <input type="checkbox"/> Wind <input type="checkbox"/> Leaks <input type="checkbox"/> Rain <input type="checkbox"/> Ice/Snow <input checked="" type="checkbox"/> Dry		FLUSH INGREDIENT		QUANTITY	
AFLATOXIN		TEMPERATURE		BUSHEL WEIGHT		F11	
MOISTURE		BRIX		DAMAGE		SALT	
BACK LEFT		OTHER		WEIGHED, EXAMINED, APPROVED, RECEIVED BY			

Sonlite Express Inc.

86886 571 Ave.  
Laurel, NE 68745

# Invoice

Date	Invoice #
4/2/2003	7968.7979

**Bill To**

MOELLER FARMS INC  
PO BOX 109  
SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	24.75	21.00	519.75
WHEAT MIDDS 134168			
Pickup:LAKE CITY,MN, 3/22/2003 Drop:LINCOLN,NE, 3/24/2003 FS: FUEL SURCHARGE	0.05	519.75	25.99
Total			\$545.74
Payments/Credits			\$0.00
Balance Due			\$545.74

Phone #  
402-256-3563

Fax #  
402-256-9518

E-mail  
yhansen@hartel.net

Web Site  
www.sonliteexpress.com

# MEMORANDUM

WELFARE TO GOVERN: SHIPPER'S WELFARE

LINE ITEMS  
HEAD  
DT CODE

with 1000

## Index

$$\begin{array}{r} 78640 \\ 29140 \\ \hline 107500 \end{array}$$

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FOR THE MANAGEMENT OF CORRECTIONAL INSTITUTIONS, THE UNIVERSITY OF CALIFORNIA, BERKELEY

MLA.	14.150
ETH.	3.100
MOX.	12.500
MOX.	14.500
MOX.	5.500

134166-12

DELGIM FOLIO:  
LOVE OTI, MU

FD-302 (Rev. 1-25-60)

**GATE SALES:**

UNIT ID: \_\_\_\_\_

55

RECEIVED, subject to the classifications and tariffs agreed to in writing or the applicable transportation contract in effect on the date of the issue of this Bill of Lading, the property described below, in apparently good order, except as noted (contents and condition of contents or packages unknown), marked, consigned, insured and destined as indicated below, which said carrier and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, it on the route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party, as at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Code of Federal Regulations, 49 CFR 1035 in effect on the date hereof; if this is a rail or all-water shipment; or (2) in the applicable motor carrier classification; or tariff specifically agreed to in writing; or the applicable transportation contract and the applicable terms and conditions of the National Motor Freight Classification 100, if this is a motor carrier shipment.

**The said terms and conditions are hereby agreed to by the shipper and accepted for itself and its assigns.**

TRUCK LICENSE #	
TRACTOR #	
TRAILER #	
DRIVER (Printed)	

Weight subject to verification by the governing Weighing and Inspection Bureau in accordance with agreement.

HORIZON MILLING, LLC  
P.O. BOX 5608  
MINNEAPOLIS, MN 55440-5608

**THIS IS TO CERTIFY** that the articles named herein are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

XFL-350 (4/02)

X

8/25/78  
 ABOVE COMMODITIES RECEIVED BY CARRIER. AGENTS SIGNATURE

5.4.4c

8962

## Weight Stamp

79280 11.6

Scale Number: \_\_\_\_\_

Shipper/Producer: \_\_\_\_\_

49440

## Seller:

HORIZON MILLING LLC  
PO BOX 6012  
FARGO, ND 58108-6012

## Please deliver to:

Purina Mills, LLC  
5500 North Cotner Boulevard  
Lincoln, NE 68507

Purchase Order Number: 4500387103 Delivery Terms: FOB TOPEKA, KS

Item #	Material #	Material Description	Quantity	Unit	Delivery Date
D-Ticket#		Delivery Text			

00001 1002358 Wheat Middlings-Bulk

25.000 TON 03/24/2003

LAKE CITY, MN

DATE ARRIVED		SAMPLE		1	2	3	4
DATE UNLOADED		SUPPLIER		1	2	3	4
CP DATE		OLD INGREDIENT CODE		1	2	3	4
SEAL NUMBER		TRACKING NUMBER		ROUTE/CARRIER			
QUALITY INSPECTION		MATERIALS ADDED		QUANTITY			
<input checked="" type="checkbox"/> Properly Labelled <input checked="" type="checkbox"/> Good Appearance <input type="checkbox"/> Free of Contamination <input type="checkbox"/> Free of Treated Seed <input type="checkbox"/> Free of Living Insects <input type="checkbox"/> Good Condition <input type="checkbox"/> Good Odor		TO BINS 85 VEHICLE CONDITION <input checked="" type="checkbox"/> No Leaks <input type="checkbox"/> Wind <input type="checkbox"/> Leaks <input type="checkbox"/> Rain <input type="checkbox"/> Ice/Snow <input checked="" type="checkbox"/> Dry		FLUSH INGREDIENT			
				QUANTITY			
				BIN #		BIN #	
AFLATOXIN	TEMPERATURE	BUSHEL WEIGHT	F1	WEIGHED, EXAMINED, APPROVED, RECEIVED BY			
MOISTURE	BRIX	DAMAGE	SALT				
BACKLIGHT		OTHER					

Sonlite Express Inc.

86886 571 Ave.

Laurel, NE 68745

# Invoice

Date	Invoice #
4/15/2003	8269.8280

**Bill To**

MOELLER FARMS INC  
PO BOX 109  
SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	24.69	17.00	419.73
WHEAT MIDDS 146627			
Pickup: LAKE CITY, MN, 4/12/2003 Drop: WAKEFIELD, NE, 4/14/2003			
Total			\$419.73
Payments/Credits			\$0.00
Balance Due			\$419.73

Phone #  
402-256-3563

Fax #  
402-256-9518

E-mail  
yhansen@hartel.net

Web Site  
www.sonliteexpress.com

**WAKEFIELD, NE 68784**

4-14-03

SALE <input type="checkbox"/>	RECEIVING <input type="checkbox"/>
DELIVERY <input type="checkbox"/>	CONTRACT <input type="checkbox"/>
SPOT <input type="checkbox"/>	CHECK-OFF <input type="checkbox"/>

4-14

NO: 46027

NAME:

**ADDRESS:**

CASH	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

**TEST WGT.**

AMOUNT

## MOISTURE

BIN. NO.

DRIVER ON \_\_\_\_\_ OFF \_\_\_\_\_

**TRUCK LINE**

**DRIVER**

~~SOLD/RECEIVED BY~~

**FREIGHT ALLOWANCE**

[illegible]**DELIVERY/PICK-UP**

# HORIZON MILLING STRAIGHT BILL OF LADING - SHORT FORM

MEMORANDUM

UNITED STATES OFFICE:

CLASSIFIED FOR:

DATE: 10/1/77

BY: [Signature]

REASON: [Signature]

DATE: 10/1/77

REASON: [Signature]

DATE: 10/1/77

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DATE: 10/1/77

TRUCK LICENSE #
TRACTOR #
TRAILER #
DRIVER (Printed)

Weight subject to verification by the governing Weighing and Inspection Bureau in accordance with agreement.

HORIZON MILLING, LLC  
P.O. BOX 5006  
MINNEAPOLIS, MN 55440-5006

THIS IS TO CERTIFY that the articles named herein are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

BY

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse, the consignor shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

BY

XFL-350 (4/02)

DATE: 4-12-02

ABOVE COMMODITIES RECEIVED BY CARRIER / AGENTS SIGNATURE

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DATE: 4-12-02

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)Name of Debtor  
VIRGIL MOELLERCase Number  
03-33611U.S. BANKRUPTCY COURT  
ST. PAUL, MN  
03 JUN 16 AM 9:53  
RECEIVED  
5Name of Creditor (The person or other entity to whom the debtor owes money or property):  
FRED BUSS

Name and Address where notices should be sent:

FRED BUSS  
RR 1 BOX 273  
SPRING VALLEY MN 55975

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 507-346-2442

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated MD

## 1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☒ Wages, salaries, and compensation (fill out below)
- Your SS #: 476 52 8166
- Unpaid compensation for services performed from 4-5-03 to 4-23-03
- (date) (date)

## 2. Date debt was incurred:

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 3,000.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other

Value of Collateral: \$

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ 3,000.00

Specify the priority of the claim:

- ☒ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

5-13-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Fred Buss

## SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)Name of Debtor  
VIRGIL MOELLERCase Number  
03-3361103 JUN 15 21:12:51  
U.S. BANKRUPTCY COURT  
ST. PAUL, MNName of Creditor (The person or other entity to whom the debtor owes money or property):  
ATLANTIC CARRIERS

Name and Address where notices should be sent:

ATLANTIC CARRIERS Inc  
PO BOX 457  
ATLANTIC IA 50022

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2. Date debt was incurred: 2/25/94 8/02

3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 1158.20

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☒ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ 1158.20
- Specify the priority of the claim:
- ☒ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

## SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

Date

6-13-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Deb Babman

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**ATLANTIC CARRIERS INC***Quality Transportation at a Fair Price!!!!*

PO Box 457  
Atlantic IA 50022  
712-243-1258  
Federal ID: 42-0958414

**INVOICE**

#: 200302688-I

SALES ORDER #:

Page 1 of 1

**SOLD TO:**

VIRGIL MOELLER  
VAMCO INC  
HWY 16 & 63 N  
PO BOX 109  
SPRING VALLEY, MN 55975

**SHIPPED TO:**

DONS FARM SUPPLY  
NEWELL, IA

INVOICE DATE	YOUR ORDER #	PAYMENT TERMS	SALES TAX	ORDER SOURCE	SHIPPED TO
2/25/2003		Net 15		Load Manager	

Work Performed	Tax	Price	Amount
WHEAT MIDDS - RUSH CITY to NEWELL Rate=15.00 - 24.14 Ton	<input type="checkbox"/>	\$362.10	\$362.10

Comments

PU#112393/MOELLER

SUBTOTAL:	\$362.10
FREIGHT:	\$0.00
0.00% TAX:	\$0.00
OTHER TAX:	\$0.00
OTHER:	\$0.00
TOTAL	\$362.10

**ATLANTIC CARRIERS INC***Quality Transportation at a Fair Price!!!!*

PO Box 457

Atlantic IA 50022

712-243-1258

Federal ID: 42-0958414

**INVOICE**

#: 200302750-I

SALES ORDER #:

Page 1 of 1

**SOLD TO:**

VIRGIL MOELLER  
VAMCO INC  
HWY 16 & 63 N  
PO BOX 109  
SPRING VALLEY, MN 55975

**SHIPPED TO:**

FARMLAND INDUSTRIES  
FREMONT, NE

INVOICE DATE	YOUR ORDER #	PAYMENT TERMS	SALES TAX	ORDER SOURCE	SHIPPED VIA
2/25/2003		Net 15		Load Manager	

Commodity	Rate	Weight	Unit	Tax	Price	Amount
WHEAT MDDS - LAKE CITY to FREMONT	20.00 - 22.77	Ton		<input type="checkbox"/>	\$455.40	\$455.40

Accounts

PU#112367

SUBTOTAL:	\$455.40
FREIGHT:	\$0.00
0.00% TAX:	\$0.00
OTHER TAX:	\$0.00
OTHER:	\$0.00
TOTAL:	\$455.40

**ATLANTIC CARRIERS INC***Quality Transportation at a Fair Price!!!!!!*

PO Box 457  
Atlantic IA 50022  
712-243-1258  
Federal ID: 42-0958414

**INVOICE**

#: 200305015-1

SALES ORDER #:

Page 1 of 1

**SOLD TO:**  
VIRGIL MOELLER  
VAMCO INC  
HWY 16 & 63 N  
PO BOX 109  
SPRING VALLEY, MN 55975

**SHIPPED TO:**  
FOOD WASTE SOLUTIONS  
ANAMOSA, IA

INVOICE DATE	YOUR ORDER #	PAYMENT TERMS	SALES TAX	ORDER SOURCE	SHIPPED VIA
4/8/2003		Net 15		Load Manager	

Work Performed	Tax	Price	Amount
WHEAT MIDDS - LAKE CITY to ANAMOSA Rate=13.00 - 25.2 Ton	<input type="checkbox"/>	\$327.60	\$327.60
FUEL SURCHG	<input type="checkbox"/>	\$13.10	\$13.10

**Comments**

PU# 138488

<b>SUBTOTAL:</b>	<b>\$340.70</b>
<b>FREIGHT:</b>	<b>\$0.00</b>
<b>0.00% TAX:</b>	<b>\$0.00</b>
<b>OTHER TAX:</b>	<b>\$0.00</b>
<b>OTHER:</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$340.70</b>

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)Name of Debtor  
VIRGIL MOELLERCase Number  
03-33611Name of Creditor (The person or other entity to whom the debtor owes money or property):  
SUNDRUP TRANSFER INC  
Name and Address where notices should be sent:SUNDRUP TRANSFER INC  
PO BOX 105  
ARCADIA IA 51430-0105

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 712 689 2468

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces  
this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

## 2. Date debt was incurred:

February 25, 2003 until March 26, 2003

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 2776.67

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

6/17/03

Helen Sundrup, Helen Sundrup Office Manager

## SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

8jt

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

# INVOICE

SUNDRUP TRANSFER, INC.  
200 CORNING ST  
P O BOX 105  
ARCADIA, IA 51430  
PHONE (712) 689 246842

Invoice Number: **32832**  
Invoice Date: 03/26/2003  
Due Date: 04/25/2003  
Invoice To: MOELLE  
Statement To: MOELLE

Invoice To

MOELLER FARMS  
P.O. BOX 109  
SPRING VALLEY, MN 55975

Shipper:

CARGILL INC  
LAKE CITY, MN

Consignee:

CARGILL  
ATLANTIC, IA

Qty	Description	Weight	As Wght	Miles	Rate	Amount
	MIDS	49,600			17.00 Ton	\$421.60
TOTAL AMOUNT DUE						\$421.60

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	135098	03/26/03
DROP	CARGILL	ATLANTIC, IA		03/26/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
40	97BC	RICK SUNDRUP		32832

# INVOICE

**SUNDRUP TRANSFER, INC.**

200 CORNING ST  
P O BOX 105  
ARCADIA, IA 51430  
PHONE (712) 689 246842

Invoice Number: **32860**

Invoice Date: 03/17/2003

Due Date: 04/16/2003

Invoice To: MOELLE

Statement To: MOELLE

Invoice To

**MOELLER FARMS**  
P O BOX 109  
SPRING VALLEY, MN 55975

Shipper:

**CARGILL INC**  
LAKE CITY, MN

Consignee:

**BLOOM'N'EGG FARM**  
BLOOMFIELD, NE

Qty	Description	Weight	As Wght	Miles	Rate	Amount
	MIDS	50,800			19.00 Ton	\$482.60
	Fuel Surcharge 5%					\$24.13
<b>TOTAL AMOUNT DUE</b>						<b>\$506.73</b>

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	129627	03/17/03
DROP	BLOOM'N'EGG FARM	BLOOMFIELD, NE		03/17/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
50	202A		RONALD SUNDRUP	32860

# INVOICE

**SUNDRUP TRANSFER, INC.**  
200 CORNING ST  
P O BOX 105  
ARCADIA, IA 51430  
PHONE (712) 689 246842

Invoice Number: **32807**  
Invoice Date: **03/11/2003**  
Due Date: **04/10/2003**  
Invoice To: **MOELLE**  
Statement To: **MOELLE**

Invoice To

**MOELLER FARMS**  
P O BOX 109  
SPRING VALLEY, MN 55975

Shipper:

**CARGILL INC**  
LAKE CITY, MN

Consignee:

**DON'S FARM SUPPLY**  
NEWELL, IA

Qty	Description	Weight	As Wght	Miles	Rate	Amount
	MIDDS	50,060			12.00 Ton	\$300.36
	Fuel Surcharge 5%					\$15.02
<b>TOTAL AMOUNT DUE</b>						<b>\$315.38</b>

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	125753	03/11/03
DROP	DON'S FARM SUPPLY	NEWELL, IA		03/11/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
40	202B		RICK SUNDRUP	32807



# INVOICE

**SUNDRUP TRANSFER, INC.**

200 CORNING ST  
P O. BOX 105  
ARCADIA, IA 51430  
PHONE (712) 689 246842

Invoice Number: **32816**Invoice Date: **03/14/2003**Due Date: **04/13/2003**Invoice To: **MOELLE**Statement To: **MOELLE**

Invoice To

**MOELLER FARMS**  
P O. BOX 109  
SPRING VALLEY, MN 55975

Shipper

**CARGILL INC**  
LAKE CITY, MN

Consignee:

**DON'S FARM SUPPLY**  
NEWELL, IA

Qty	Description	Weight	As Wght	Miles	Rate	Amount
	MIDS	52,220			12.00 Ton	\$313.32
	Fuel Surcharge 5%					\$15.67
<b>TOTAL AMOUNT DUE</b>						<b>\$328.99</b>

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	128860	03/14/03
DROP	DON'S FARM SUPPLY	NEWELL, IA		03/14/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
40	202B		RICK SUNDRUP	32816

# INVOICE

**SUNDRUP TRANSFER, INC.**  
200 CORNING ST  
P O BOX 105  
ARCADIA, IA 51430  
PHONE (712) 689 246842

Invoice Number: **32801**  
Invoice Date: 03/06/2003  
Due Date: 04/05/2003  
Invoice To: MOELLE  
Statement To: MOELLE

Invoice To

**MOELLER FARMS**  
P O BOX 109  
SPRING VALLEY, MN 55975

Shipper:

**CARGILL INC**  
LAKE CITY, MN

Consignee:

**DON'S FARM SUPPLY**  
NEWELL, IA

Qty	Description	Weight	As Wght	Miles	Rate	Amount
	MIDS	50,200			12.00 Ton	\$301.20
	Fuel Surcharge 5%					\$15.06
<b>TOTAL AMOUNT DUE</b>						<b>\$316.26</b>

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	122375	03/06/03
DROP	DON'S FARM SUPPLY	NEWELL, IA		03/06/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
40	202A		RICK SUNDRUP	32801

# INVOICE

SUNDRUP TRANSFER, INC.  
200 CORNING ST  
P O BOX 105  
ARCADIA, IA 51430  
PHONE (712) 689 246842

Invoice Number: **32788**  
Invoice Date: 02/25/2003  
Due Date: 03/27/2003  
Invoice To: MOELLE  
Statement To: MOELLE

Invoice To

**MOELLER FARMS**  
P O. BOX 109  
SPRING VALLEY, MN 55975

Shipper:

**CARGILL INC**  
LAKE CITY, MN

Consignee:

**GOLD EAGLE COOP**  
EAGLE GROVE, IA

Qty	Description	Weight	As Wght	Miles	Rate	Amount
	MIDDS	50,040			10.00 Ton	\$250.20
	Fuel Surcharge 3%					\$7.51
<b>TOTAL AMOUNT DUE</b>						<b>\$257.71</b>

PICK/DROP	COMPANY NAME	CITY, STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	116080	02/25/03
DROP	GOLD EAGLE COOP	EAGLE GROVE, IA		02/25/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
0	202B	RICK SUNDRUP		32788

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)**

 Name of Debtor  
**VIRGIL MOELLER**

 Case Number  
 03-33611

 Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**BAJA ENTERPRISES**  
 Name and Address where notices should be sent:

**BAJA ENTERPRISES  
9930 WEST CEDARWAPSE ROAD  
CEDAR FALLS IA 50613**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.


 Telephone Number: **319-277-0939**

Account or other number by which creditor identifies debtor:

 Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**10/02 - 4/03**
**3. If court judgment, date obtained:**
**\$ 2408.01**
**4. Total Amount of Claim at Time Case Filed:**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101**
**10jt**

Date

**6/18/03**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**Brent A. Jones President**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**BAJA Enterprises, LC**

9930 West Cedar Wapsie Road  
Cedar Falls, IA 50613  
319.277.0939 Fax 319.277.8338

**Invoice**

Date	Invoice #
10/30/2002	3230

**Bill To**

Vamco  
PO Box 109  
Spring Valley, MN 55975

**Terms**

Net 30

ORIGIN	DESTINATION	UNLOAD #	QUANTITY	RATE	AMOUNT
38639 Lake City, MN	Eagle Grove, IA	JE2337	24.27	10.20	247.55
Past due accounts are charged 1.5% monthly, 18% annually.				<b>Total</b>	<b>\$247.55</b>

Pulling for American Agriculture

# Invoice

<b>Date</b>	<b>Invoice #</b>
11/12/2002	3315

Vamco  
PO Box 109  
Spring Valley, MN 55975

Net 30

44521 Lake City, MN

DESTINATION	UNLOAD #	QUANTITY	RATE	AMOUNT
Eagle Grove, IA	JE3037	26.28	10.25	269.37

**Total**

**\$269.37**

## Pulling for American Agriculture

**BAJA Enterprises, LC**

9930 West Cedar Wapsie Road  
Cedar Falls, IA 50613  
319.277.0939 Fax 319.277.8338

**Invoice**

Date	Invoice #
2/19/2003	4054

**Bill To**

Vamco  
PO Box 109  
Spring Valley, MN 55975

**Terms**

Net 30

ORIGIN	DESTINATION	UNLOAD #	QUANTITY	RATE	AMOUNT
108991 Lake City, MN	Newell, IA	378	24.86	12.00	298.32
108302 Lake City, MN	Goldfield, IA	J60539	24.79	10.00	247.90
107194 Lake City, MN	Lincoln, NE	376337-2	25.07	22.00	551.54
108938 Lake City, MN	Goldfield, IA	J60540	25.96	10.00	259.60
Past due accounts are charged 1.5% monthly, 18% annually.			<b>Total</b>		<b>\$1,357.36</b>

Pulling for American Agriculture

**BAJA Enterprises, LC**

9930 West Cedar Wapsie Road  
Cedar Falls, IA 50613  
319.277.0939 Fax 319.277.8338

**Invoice**

Date	Invoice #
2/24/2003	4098

**Bill To**

Vamco  
PO Box 109  
Spring Valley, MN 55975

**Terms**

Net 30

ORIGIN	DESTINATION	UNLOAD #	QUANTITY	RATE	AMOUNT
113226 Lake City, MN	Goldfield, IA		22.74	10.00	227.40
Past due accounts are charged 1.5% monthly, 18% annually.			<b>Total</b>		<b>\$227.40</b>

Pulling for American Agriculture



9930 West Cedar Wapsie Road  
Cedar Falls, IA 50613  
319.277.0939 Fax 319.277.8338

<b>Date</b>	<b>Invoice #</b>
4/14/2003	4632



Vamco  
PO Box 109  
Spring Valley, MN 55975

Net 30)

ORIGIN	DESTINATION	UNLOAD #	QUANTITY	RATE	AMOUNT
141143 Horizon Milling Lake City, MN	Newell, IA		25.53	12.00	306.36
			<b>Total</b>		<b>\$306.36</b>

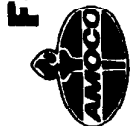
Past due accounts are charged 1.5% monthly, 18% annually.

## Pulling for American Agriculture

<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF MINNESOTA (ST. PAUL)</b>		
Name of Debtor <b>VIRGIL MOELLER</b>	Case Number <b>03-33611</b>	
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FOUR CORNERS</b> Name and Address where notices should be sent: <b>FOUR CORNERS</b> <b>3118 HWY 92</b> <b>AINSWORTH IA 52201</b>		
Telephone Number: <b>319-657-4441</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Account or other number by which creditor identifies debtor:		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>2. Date debt was incurred:</b> <b>3/25/03, 3/27/03, 4/4/03</b>		<b>3. If court judgment, date obtained:</b> _____
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>438.55</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		SEND CLAIM TO: <b>U.S. BANKRUPTCY COURT</b> <b>200 U.S. COURTHOUSE</b> <b>316 NORTH ROBERT STREET</b> <b>ST. PAUL, MN 55101</b> 
Date <b>6/13/03</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>Ainsworth Four Corners LLC</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. <b>AINSWORTH FOUR CORNERS LLC</b>		

MOELLER	DATE	INVOICE #	AMOUNT	TOTAL
	1/22/03	4413	\$170.00	\$170.00
BALANCE DUE				\$170.00
FEB 15,2003	2/20/03	payment	\$170.00	\$0.00
	3/25/03	4919	\$76.46	\$76.46
	3/27/03	4945	\$160.56	\$237.02
BALANCE DUE 04/15/03				\$237.02

MOELLER	DATE	INVOICE #	AMOUNT	TOTAL
BEGINNING BALANCE				\$237.02
	4/4/03	5443	\$189.33	\$426.35
	4/15/03	finance	\$2.84	\$429.19
	5/15/03	finance	\$2.88	\$432.07
	6/1/03	finance	\$6.48	\$438.55



**3118 Hwy 92  
Ainsworth, Iowa 52201  
Phone 657-3200**

Twks  
Customer's 2002 Date 4-4 2003  
Order No. \_\_\_\_\_  
Name Moller Farms  
Address \_\_\_\_\_

[illegible]

**All claims and returned goods MUST be accompanied by this bill**

*Thank You*



**3118 Hwy 92  
Ainsworth, Iowa 52201  
Phone 657-3200**

[illegible]

**All claims and returned goods MUST be accompanied by this bill**

*Thank You*

5883079-01  
FOUR CORNERS FUEL  
26612 HWY 218 PO BOX  
AINSWORTH IA

Descr.	Qty	Amount
COPIES CR #09	50.0095	76.46
SELF @ 1.529/5		
Sub Total		76.46
Tax		0.00
<b>TOTAL</b>		<b>76.46</b>
HOUSE CHA \$		76.46
<b>HOUSE ACCOUNT RCPT</b>		

I AGREE TO PAY ABOVE TOTAL AMOUNT

X BUYER'S SIGNATURE ID

REG# 0001 CSH# 003 DR# 01 TRAN# 14344  
03/25/03 13:25:01 ST# ARL23

MO 63435

# STATEMENT

5/31/03

2543

5/31/03

2543

PAGE NO.

To insure proper credit please check those items being paid in the column and return this portion of the statement with your payment.

REFERENCE	DATE	Code	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	Code	AMOUNT
11243	3/31/03	I	STORE CHARGE	644.38	644.38	11243	I	644.38
36495	4/30/03	F	Finance Charge	8.94	653.32	36495	F	8.94
94092	4/30/03	I	STORE CHARGE	505.79	1159.11	94092	I	505.79
36626	5/31/03	F	Finance Charge	14.00	1173.11	36626	F	14.00
ACCOUNT DUE UPON RECEIPT OF THIS BILL					1,173.11			

30 Days	60 Days	90 Days	120 Days	AYERS DIL. COMPANY
514.73	644.38	0.00	0.00	

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)Name of Debtor  
VIRGIL MOELLERCase Number  
03-33611Name of Creditor (The person or other entity to whom the debtor owes money or property):  
AYERS OIL

Name and Address where notices should be sent:

AYERS OIL  
PO BOX 229  
CANTON MO 63435

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

## 2. Date debt was incurred:

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 1173.11

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

- ☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date  
6-18-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

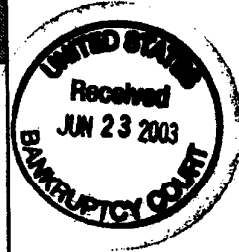
Ayers Oil Co. K. F. Bischoff, P. Fin. Adm.

## SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

12jt

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



AYERS OIL COMPANY  
P.O. BOX 229  
PHONE (573) 288-4464  
CANTON

MO 63435

# STATEMENT

5/31/03

2543

5/31/03

2543

MOELLER FARM  
P.O. BOX 109  
SPRING VALLEY MN 55975

PAGE NO.

To insure proper credit please check those items being paid in the ✓ column and return this portion of the statement with your payment.

REFERENCE	DATE	Code	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	Code	AMOUNT	✓
11243	3/31/03	I	STORE CHARGE	644.38	644.38	11243	I	644.38	
36495	4/30/03	F	Finance Charge	8.94	653.32	36495	F	8.94	
94092	4/30/03	I	STORE CHARGE	505.79	1159.11	94092	I	505.79	
36626	5/31/03	F	Finance Charge	14.00	1173.11	36626	F	14.00	
ACCOUNT DUE UPON RECEIPT OF THIS BILL									

DES

CR MEMO  
DR MEMO

P - PAYMENT  
I - INVOICE

A - DISCOUNT  
ALLOWED

F - FINANCE  
CHARGE

PLEASE  
PAY

1,173.11

30 Days

514.73

60 Days

644.38

90 Days

0.00

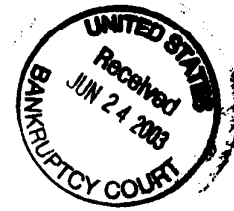
120 Days

0.00

AYERS OIL COMPANY

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**RTS**

Name and Address where notices should be sent:

**RTS**  
**220 S BROADWAY**  
**PO BOX 235**  
**ROCHESTER MN 55903**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☒ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:  
**620-002134**

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**3/1/03 thru 5/31/03**
**3. If court judgment, date obtained:**
**\$ 877.22**
**4. Total Amount of Claim at Time Case Filed:**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**
*Kjt*

Date

**6/23/03**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**Ronald L. Streyle, President, RTS**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.





P.O. Box 235  
ROCHESTER, MINNESOTA 55903-0235

DATE	05/31/03
ACCOUNT NUMBER	620-002134

MOELLER FARMS  
PO BOX 109  
SP VALLEY MN 55975

AMOUNT ENCLOSED \$

RETURN THIS PORTION WITH PAYMENT

CHARGES AND CREDITS	AMOUNT
NET 1+ OUTBOUND	\$ 60.16
NET 8xx INBOUND	\$ 60.47
TOTAL FEES AND CHARGES	\$ 16.04
PICCS\$ 6.80 USF/REG\$ 8.34	
PAYSUR\$ .90 MOFEES\$ .00	
	\$( .00)
	\$ .00
FEDERAL TAXES	\$ 4.10
STATE TAXES	\$ 9.15
CITY TAXES	\$ .00
INVOICE SUBTOTAL \$ 149.92	
SVC CHG	\$ 5.44
PAST DUE MAR & APR	\$ 721.86
TOTAL DUE UPON RECEIPT .....	\$ 877.22

PAY LAST AMOUNT  
IN THIS COLUMN

**Rochester Telecom Systems, Inc.**  
**507-287-6370 / 888-287-6370**

*Thank You*

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**GREG LANE**

Name and Address where notices should be sent:

**GREG LANE**  
**2697 HAWTHORNE LANE**  
**STILLWATER MN 55082**

Telephone Number:

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



Account or other number by which creditor identifies debtor:

**484-60-2420**

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other **PAYROLL DEDUCTIONS FOR MEDICAL**

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☒ Wages, salaries, and compensation (fill out below)
- Your SS #: **484 60 2420**
- Unpaid compensation for services performed from **April 6, 2003** **April 23, 2003**  
(date) (date)

**2. Date debt was incurred:**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**
**\$ 3230.57**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☒ Check this box if you have an unsecured priority claim
- Amount entitled to priority **\$ 3230.57**
- Specify the priority of the claim:
- ☒ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☒ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date  
**6/23/2003**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**GREGORY J. LANE** **GREGORY J. LANE**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**Gregory J. Lane**  
**2697 Hawthorne Lane**  
**Stillwater, MN 55082**  
**651-439-8259**  
**Email [gilane@attglobal.net](mailto:gilane@attglobal.net)**

June 23, 2003

U S Bankruptcy Court  
U S Courthouse Rm 200  
316 N Robert Street  
St Paul, MN 55101

Re: Case # 03-33611-GFK

Dear Sirs:

Please find the enclosed completed Proof of Claim, Form B10 that was sent to me by the Bankruptcy Court. I have also enclosed a copy of a letter presented to the debtor indicating the amounts that I felt were owed for wages. As you can see, it was signed and dated by Virgil Moeller on May 7, 2003 to acknowledge he had received the same and agreed with the amounts.

The last payroll period I was paid for was the period ending April 5, 2003. At that time there should have been a balance of \$1042 in the cafeteria fund for the 2003 payroll year. I presented documentation for a withdrawal on these funds on April 15, 2003 but did not receive them.

If you require any other documentation from me, please let me know.

Sincerely,

  
Gregory J. Lane

**Gregory J. Lane**  
**2697 Hawthorne Lane**  
**Stillwater, MN 55082**  
**Email: gilane@attglobal.net**  
**651-439-8259**

May 5, 2003

Vamco, Inc.  
P.O. Box 109  
Spring Valley, MN 55082

To Whom It May Concern:

Since my termination/layoff date of April 23, 2003 I have not received any additional wages that are due to me. The last check I received was on April 14, 2003 for the pay period ending April 5, 2003. My calculations would show the following wages are still pending:

Week of April 6, 2003-April 12, 2003	\$841.74
Week of April 13, 2003-April 19, 2003	\$841.74
Period April 20, 2003-April 23, 2003	\$505.04
<b>Total Wages Due</b>	<b>\$2188.52</b>

In addition, my calculations would indicate the following for the cafeteria money set aside pretax to pay medical expenses and health insurance premiums.

Fund received from cafeteria account 2003.	
For 2002 year	\$129.80
For 2003 year	\$1554.00
Deductions from payroll 2003 thru April 5	\$2596.00
Deductions from final payroll 2003	\$504.00
<b>Cafeteria Balance 2003 Due</b>	<b>\$1546.00</b>

I requested this amount on April 15<sup>th</sup> to pay my health insurance premiums due on May 1, 2003. As of this time I have received no check.

If you find your records indicate something different from the above, please let me know immediately. If not, please remit these funds to me immediately.

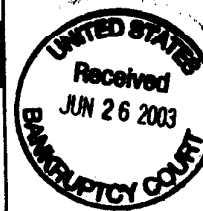
Sincerely,

  
Gregory J. Lane

5-7-03

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**GAALSWYK BROS TRUCKING INC**  
Name and Address where notices should be sent:  
**GAALSWYK BROS TRUCKING INC**  
**PO BOX 265**  
**TRIMONT MN 56176**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_  
this claim

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**2/21/03 - 4/18/03**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**
**\$4,878.92**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date

**6/24/03**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**JERRY N. GAALSWYK PRES.**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**POST BULLETIN**

Name and Address where notices should be sent:

**POST BULLETIN  
PO BOX 6118  
ROCHESTER MN 55903**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: **507-285-7600**

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

☒ Other Newspaper advertising
**2. Date debt was incurred:**
March/April 2003
**3. If court judgment, date obtained:**
\$ 219.30
**4. Total Amount of Claim at Time Case Filed:**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101**

Date

7/9/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Christy Blade Christy Blade, Business Mgr

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Post-Bulletin Company, L.L.C.



3/06/30

MOELLER FARMS

\$219.30

MONTHLY ADVERTISING STATEMENT

1 3/06/30 507 346-2057 00

MOELLER FARMS  
HWY 16 & 63 NORTH  
PO BOX 109  
SPRING VALLEY MN 55975

POST BULLETIN COMPANY, L.L.C.  
P.O BOX 6118  
ROCHESTER MN 55903-6118

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR PERMITTANCE

-----Agri-News-----

-----Post Bulletin-----

3/15	105261890-	205	07 S.E. MN CARRIER LOOKING	6 L15	109.65
			E/MAR:04,11_P/MAR:01,03-08,10-15		
4/12	105269980-	205	07 S.E. MN CARRIER LOOKING	6 L15	109.65
			P/MAR:29,31_E/APR:01,08_P/APR:01-05,07-12		
			*TOTAL	\$219.30 *	

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

\$219.30

Post-Bulletin Company, L.L.C.



UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

3/06/30

507 346-2057 00

MOELLER FARMS

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)Name of Debtor  
VIRGIL MOELLERCase Number  
03-33611RECEIVED  
03 JUL 16 AM 10:01  
U.S. BANKRUPTCY COURT  
ST. PAUL, MNName of Creditor (The person or other entity to whom the debtor owes money or property):  
KWIK TRIP

Name and Address where notices should be sent:

KWIK TRIP  
PO BOX 1597  
LA CROSSE WI 54602

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

128451

Check here if ☐ replaces  
this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

## 2. Date debt was incurred:

3.1.03 - 4.30.03

## 3. If court judgment, date obtained:

\$2,680.37

## 4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

## SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

20jt

Date

7-12-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Roxanne H. HIR Supervisor Roxanne H.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.





SEND INQUIRIES TO:  
ATTN: CREDIT DEPT  
KWIK TRIP INC  
PO BOX 1597  
LA CROSSE WI 54602-1597  
WWW.KWIKTRIP.COM

Customer Service: (608) 793-6310 or (800) 305-6666

Hours: 7am to 7pm Monday - Friday

Fax#: (608) 781-7517

Page: 1

Account#: 00128451 VAMCO INC-MOELLER FARMS

6-10-03

Balance Due Before ~~6/25/2003~~: 2,680.27

*OR immediate collection proceedings*

Amount Enclosed \$ \_\_\_\_\_

VAMCO INC-MOELLER FARMS  
ATTN: VIRGIL MOELLER  
PO BOX 109  
SPRING VALLEY MN 55975



Please indicate any address or phone number changes above.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Page: 1

Account#: 128451 VAMCO INC-MOELLER FARMS

Date	Invoice#	Store	Product	PPG	Gallons	In-Store	Amount
5/31	FINCHG	ADJ	Finance Charge				39.21

Please note your credit limit has been adjusted from \$10000 To \$2500.

Your account has been CLOSED for default of payments.

The price of diesel fuel DOES include Federal motor fuel taxes & DOES NOT contain visible evidence of dye.

Balance Summary		Credit Summary As Of 5/31/2003	
Previous Balance	\$ 2,641.06	Credit Limit	\$ 2,500
New Purchases	\$ .00	Available	\$
Adjustments	\$ .00		
Payments	\$ .00		
Finance Charge	\$ 39.21		
Balance Due	\$ 2,680.27		
<del>OR</del>	\$ <del>2,720.47</del>	Received By	<del>6/25/2003</del>
		Received After	<del>6/30/2003</del>

Aging Summary	
Days 0- 30	\$ 39.21
31- 60	\$ 826.51
61- 90	\$ 1,814.55

Statement Date: 6/02/2003

Invoices On This Statement: 0

Terms: Net 25 Days      Periodic Rate: 1.50%      Annual Percentage Rate: 18.00%



# Kwik Card® Fleet Account Application

For any questions regarding this application, call 1-877-738-FUEL (3838) or fax the application to: (800) 781-4144.

Customer E-Mail Address:

APR - 1 2002

APR - 8 2002

<b>1. Existing Information</b>	
Legal Business Name <u>UACCO, INC</u>	Main Line of Business <u>TRUCKING</u>
DBA (if any) <u>MOELLER FARMS</u>	Business Name <u>1800 346-2057</u>
Address (if P.O. Box, Give Street Address Also) <u>PO Box 109, Hwy 16 + 63 N.</u>	City <u>Spring Valley</u>
State <u>GA</u>	Zip <u>30134</u>
Phone <u>404 559975</u>	Fax <u>404 559975</u>
<b>2. Business Information</b>	
Company Type (Check All That Apply) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit	Number Of Employees <input checked="" type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> Over 100
Federal ID Number <u>41-1863158</u>	In Business Since <u>1972</u>
State/Local Tax ID Number <u>1972</u>	Dun & Bradstreet (DUNS) Number
If Corporation, L.L.C., Partnership, Sole Proprietorship, or Other (Type/Title) <u>UACCO, INC. PRESIDENT</u>	
If Sole Proprietor or Partnership, Name of Principal Owner	
Home Address	
Social Security No.	
<b>3. Bank References</b>	
Bank Name - Checking <u>Wells Fargo</u>	Phone Number <u>770 385-2842</u>
Branch Name - Savings <u>4271237319</u>	City <u>Rochester</u>
Bank Name - Loan <u>Same as Checking</u>	City <u>Rochester</u>
Bank Name - Other <u>Wells Fargo</u>	City <u>Rochester</u>
<b>4. Trade References</b>	
Trade Reference Name #1 <u>Peteckit at Winona RTA, Box 198A</u>	Phone <u>770 385-2842</u>
Trade Reference Name #2 <u>RAUER BUILT</u>	Phone <u>770 385-2842</u>
Trade Reference Name #3 <u>RAUER BUILT</u>	Phone <u>770 385-2842</u>
<b>5. Card Information</b>	
Specify number of cards needed <u>25</u>	Card Embossing Options (Check option preferred) <input checked="" type="checkbox"/> Company Name Only <input checked="" type="checkbox"/> Card Numbered Consecutively
<input type="checkbox"/> # of In-Store Cards (Attach List)	<input type="checkbox"/> Company Name & Vehicle ID (Attach List) <input type="checkbox"/> Other (Attach List)
<b>6. Kwik Rewards Fund Raising Information</b>	
I authorize the following charity/group/organization to receive my Kwik Rewards rebate on a quarterly basis.	
Charity/Group/Organization Name	Address
City	State
Zip	Phone
<b>7. Authorization</b>	
The information given on this application is complete and correct to the best of the applicant's knowledge. The applicant authorizes Kwik Trip, Inc. to verify or obtain any of the information given, receive general information concerning their credit standing and credit history, and to report any changes in its credit standing, financial or personal, to the credit bureaus and not for personal, family, household or agricultural purposes. Applicant agrees to notify Kwik Trip, Inc. in writing, within the 30-day credit reporting period.	
If Corporation, application must be signed by an authorized officer(s) listed above or if Partnership or Sole Proprietor, application must be signed by one of the Principal Owner(s).	
Signature (Signature Required) <u>[Signature]</u>	Title <u>Owner/President</u>
Date <u>3-29-02</u>	

128451

<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>MOELLER FARMS</b>	Case Number: <b>03-33611</b>	<b>THIS SPACE IS FOR COURT USE ONLY</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor: (The person or entity to whom the debtor owes money or property) <b>BAUER BUILT INC</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>BAUER BUILT INC PO BOX 248 DURAND WI 54736</b> Telephone number: <b>715-672-8602</b>		
Account or other number by which creditor identifies debtor: <b>385140</b>	Check here <input type="checkbox"/> replaces a previously filed court claim, dated: _____ if this claim: <input type="checkbox"/> amends	
<b>1. Basis for Claim:</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS# _____ Unpaid compensations for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> <b>JANUARY 17, 2003</b>	<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> <b>\$ 2,831.60</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>6. Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority claim \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650*), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or other penalties of governmental units — 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<b>SEND CLAIMS TO:</b>  <b>U.S. BANKRUPTCY COURT</b> <b>200 U.S. COURTHOUSE</b> <b>316 NORTH ROBERT SREET</b> <b>ST. PAUL, MN 55101</b>  <div style="font-size: 2em; font-family: cursive;">2ijt</div>
Date: <b>AUGUST 1, 2003</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="display: flex; align-items: center;"> <div> <b>LINDA BRANTNER,</b>  <b>ASST. CR. MANAGER</b> </div> </div>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**For CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2001**

Display Device . . . . : LEX633B  
User . . . . . : LINDAB

03203 Account Status Summary Mode - Real Time  
As Of 08/01/03 Co

Parent Number. 385140 Credit Message . . : BR IN BANKRUPTCY  
Customer Nmbr: Temp Credit Message: BR IN BANKRUPTCY  
MOELLER FARMS Current 30 38.31  
PO BOX 109 31 - 60 38.31  
SPRING VALLEY MN 55975 61 - 90 41.17  
Over 120 2,675.50

(507) 346-2057 Due Now 2,831.60  
Contact. 346-2057 Future 2,831.60  
(507) Total Open Amount. . 2,831.60  
Average Days Late. . 01/19/89  
First Invoice. . . 04/24/03  
Last Invoice. . . . 03/31/03  
Last Paid. . . . . 10/31/99  
Last Statement Date: 10/31/99  
Last Message . . . : Delinquency notice has been sent.

F10=Crd Lmt F13=Pay Hist F15=By Store F16=A/R Lgr F24=More

P.O. BOX 240  
DURAND, WI 54736-0248

Display Device : : : : : LEX633B  
User : : : : : LINDAB

032002 Customer Ledger Inquiry FARMS  
Customer Number : 385140 MOELLER FARMS  
Parent Number :  
Invoice Number :  
Recpt/Item Number :  
Statement Number :  
Skip To Page : : :  
Thru IN BANKRUPTCY

Date From Thru  
Seq Paid Co

2 0

O P	TY	Number	Document	Itm	Date	Net Due/ Rcpt Dat	Gross Amount	Open Amount	Recpt/ Item	P	S
	RI	103163	000	001	01/17/03	02/15/03	1,200.00	881.26		D	A
	RI	103206	000	001	01/20/03	02/15/03	1,004.00	1,121.42		D	A
	RF	613226	001	001	02/28/03	03/15/03	110.42	110.42		D	A
	RI	103472	000	000	02/08/03	03/15/03	367.46	367.46		D	A
	RI	103629	000	000	02/08/03	03/15/03	190.94	190.94		D	A
	RI	104012	000	000	02/28/03	03/15/03	41.17	41.17		D	A
	RF	62757	001	001	03/31/03	04/15/03	38.31	38.31		D	A
	RF	64082	001	001	04/30/03	05/15/03	38.31	38.31		D	A
	RF	65337	001	001	05/31/03	06/15/03	38.31	38.31		D	A
	RF	65646	001	001	06/30/03	07/15/03	38.31	38.31		D	A
Total							3,150.34	2,831.60			

Opt: 2=JE 5=Dt1 8=SO F2=Formats F9=NS F16=Age&Sts F21=Prt F24=More

P.O. BOX  
DURAND, WI 53533

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

IN RE:  
VIRGIL MOELLER

RECEIVED  
03 AUG - 8 AM 10:24  
U.S. BANKRUPTCY COURT  
ST. PAUL, MN  
CHAPTER 11  
CASE NO. 03-3611-GFK

**PROOF OF CLAIM**

1. The undersigned attorney, whose address is as shown below, is the agent of and is authorized to make this claim on behalf of the claimant:

CenturyTel of Minnesota, Inc.  
d/b/a CenturyTel.

2. The debtor was, at the time of the filing of the petition initiating this case, and still is indebted to this claimant in the sum of \$725.70 .

3. The consideration for this debt is telephone services provided to the debtor.

4. The writing on which this claim is founded (duplicates thereof) is attached hereto.

5. This claim is founded upon an open account.

6. No judgment has been rendered on this claim.

7. The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim.

8. This claim is not subject to any setoff or counter-claim.


9. No security interest is held in this claim.

10. This claim is a general unsecured claim.

**\$725.70**  
TOTAL AMOUNT CLAIMED

CenturyTel of Minnesota, Inc.  
NAME OF CREDITOR

August 4, 2003

  
\_\_\_\_\_  
REX D. RAINACH  
A PROFESSIONAL LAW CORPORATION  
3622 Government Street  
Baton Rouge, LA 70806-5720  
Telephone: (225) 343-0643

C/Ctel/

22jt

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA  
In Re: Virgil Moeller  
Case No. 03-33611-GFK

Claims of  
CenturyTel of Minnesota, LLC  
8/4/03

Account No.	Location			Claim Amount	Deposit Request
	Name	Exchange	State		
507-346-2057	VAMCO, Inc.	Spring Valley	MN	580.40	200.00
507-346-2772	Virgil Moeller	Spring Valley	MN	145.30	0.00
				<u>725.70</u>	<u>200.00</u>

PAGE 1 - CTE

ACCOUNT NUMBER 507-346-2057  
BILLING DATE 05/26/03

PREVIOUS BALANCE	PAYMENTS	CREDITS/ADJS	PAST DUE AMOUNT	CURRENT CHARGES	PAST DUE AMOUNT AFTER
386.43	.00	.00	386.43	193.97	06/19/03 580.40
SUMMARY OF PREVIOUS BILLING					
PREVIOUS BALANCE					
PAST DUE AMOUNT					
SUMMARY OF CURRENT CHARGES					
CenturyTel CHARGES					
TOTAL CURRENT CHARGES					
TOTAL AMOUNT DUE					

JUST A FRIENDLY REMINDER THAT YOUR ACCOUNT IS PAST DUE. IF YOU HAVE  
ALREADY MADE YOUR PAYMENT, THANK YOU FOR BRINGING YOUR ACCOUNT UP TO DATE.

CenturyTel of Minnesota, Inc. DBA CenturyTel  
Federal Employer Identification Number 41-0832338  
The Due Date On This Bill Applies To Current Charges Only  
Toll Free Customer Service Numbers:

Residential Service 1-800-201-4099  
Business Service 1-800-201-4102  
Payment Arrangements 1-888-646-0004  
Repair Service 1-800-824-2877  
Payment or Account Balance 24 Hours/7 Days a Week 1-866-486-8528

For complete billing detail, please review both front and back of each  
page.

PLEASE REMIT PAYMENT TO:

CenturyTel  
P.O. BOX 6000  
MARION, LA 71260-6000

BILLING DATE 05/26/03  
ACCOUNT NUMBER 507-346-2057  
TOTAL CHARGES DUE BY 06/19/03

VAMCO INC  
PO BOX 109  
SPRING VALLEY MN 55975-0109

TOTAL AMOUNT DUE 580.40  
AMOUNT ENCLOSED \$.....

01507346205708000000386414164507346052603000005804087



PAGE 1 - CTE

ACCOUNT NUMBER 507-346-2772  
BILLING DATE 05/26/03

PREVIOUS	PAYMENTS	CREDITS/ADJS	PAST DUE	CURRENT	PAST DUE
BALANCE			AMOUNT	CHARGES	AFTER
96.29	.00	.00	96.29	49.01	06/19/03
SUMMARY OF PREVIOUS BILLING					
PREVIOUS BALANCE				96.29	
PAST DUE AMOUNT				96.29	
SUMMARY OF CURRENT CHARGES					
CenturyTel CHARGES				49.01	
TOTAL CURRENT CHARGES				49.01	
TOTAL AMOUNT DUE					145.30

JUST A FRIENDLY REMINDER THAT YOUR ACCOUNT IS PAST DUE. IF YOU HAVE  
ALREADY MADE YOUR PAYMENT, THANK YOU FOR BRINGING YOUR ACCOUNT UP TO DATE.

CenturyTel of Minnesota, Inc. DBA CenturyTel  
Federal Employer Identification Number 41-0832338  
The Due Date On This Bill Applies To Current Charges Only  
Toll Free Customer Service Numbers:

Residential Service 1-800-201-4099  
Business Service 1-800-201-4102  
Payment Arrangements 1-888-646-0004  
Repair Service 1-800-824-2877  
Payment or Account Balance 24 Hours/7 Days a Week 1-866-486-8528

For complete billing detail, please review both front and back of each  
page.

PLEASE REMIT PAYMENT TO:

CenturyTel  
P.O. BOX 6000  
MARION, LA 71260-6000

BILLING DATE 05/26/03  
ACCOUNT NUMBER 507-346-2772  
TOTAL CHARGES DUE BY 06/19/03

TOTAL AMOUNT DUE 145.30  
AMOUNT ENCLOSED \$ .....

VIRGIL MOELLER  
PO BOX 109  
SPRING VALLEY MN 55975-0109

015073462772021000000096293164507346052603000001453012

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

IN RE:  
VIRGIL MOELLER

CHAPTER 11  
CASE NO. 03-33611-GFK

**REQUEST FOR NOTICE FOR  
CenturyTel of Minnesota, Inc.  
d/b/a CenturyTel**

**PLEASE TAKE NOTICE** that the above creditor requests notice of all matters noticed and copies of all pleadings in this case pursuant to the provisions of Bankruptcy Rules 2002, 3017, 3020, 6007, 9010 and 9027.

Notice shall be mailed to:

Rex D. Rainach  
A Professional Law Corporation  
3622 Government Street  
Baton Rouge, LA 70806-5720

Brenda Adkins  
CenturyTel  
100 Century Park Drive  
Monroe, LA 71203

RESPECTFULLY SUBMITTED:

REX D. RAINACH  
A PROFESSIONAL LAW CORPORATION  
3622 Government Street  
Baton Rouge, LA 70806-5720  
Telephone: (225) 343-0643

  
\_\_\_\_\_  
REX D. RAINACH La. Bar Roll No. 11074

I hereby certify that the foregoing was this date mailed to (1) the attorney for the debtor ~~and (2) the trustee~~ by depositing the same in the U.S. Mail, first class, properly addressed and postage prepaid.

Baton Rouge, LA, August 4, 2003

  
\_\_\_\_\_  
REX D. RAINACH

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**RANGR TRANSPORTATION**  
Name and Address where notices should be sent:  
**RANGR TRANSPORTATION RUNGE TRANSPORTATION**  
**1401 7TH AVE S**  
**SAINT JAMES MN 56081**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: **507-375-3283**

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**02/803**
**3. If court judgment, date obtained:**
**\$ 622.07**
**4. Total Amount of Claim at Time Case Filed:**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101**

Date

**080703**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

**RUNGE TRANSPORTATION INC. by [Signature]**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**  
**Vamco**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**UNION LOGISTICS**  
Name and Address where notices should be sent:  
**DOG, Inc.**  
**UNION LOGISTICS**  
**PO BOX 134**  
**DUBUQUE IA 52004**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.


Telephone Number: **563-588-0711**

Account or other number by which creditor identifies debtor:  
**T2389**

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**2/27/03**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**
**\$ 418,38**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date

**8/12/03**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**DOG, Inc., Lois Lex, President**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Union Transportation Services, Inc.

705 Central Avenue  
P.O. Box 3081  
Dubuque, Iowa 52004-3081

# Invoice

Date	Invoice #
2/27/2003	T2389

Bill To
Vanco Inc P.O. Box 109 Spring Valley, MN 55975

		P.O. Number	Bill of Lading No.	Terms
			112371	Net 15
Shipper	Consignee	Weight	Rate	Amount
Horizon Milling-Lake City, MN	Bloomfield-Bloomfield, NE	22.02	19.00	418.38
			Account assigned to, REMIT to: DOG, Inc. P.O. Box 134 Dubuque, IA 52004-0134	
Please remit to: Union Transportation Services, Inc. PO Box 134 Dubuque, IA 52004-0134			<b>Total</b>	\$418.38

**BLOOM 'N' EGG FARM**

Div. M. G. Waldbaum  
P.O. BOX 180 - 402-373-2364  
Bloomfield, NE 68718

008F

PO# 267091

2-19-03

ER  
R

Hangers Milling

ESS

STATE ZIP

MODITY

Didds

ARKS

WEIGHIN	70600 LB
07:15AM	19FEB03
GROSS	70600 LB
TARE	26560 LB
NET	44040 LB
07:44AM	19FEB03

ER ☒ ON ☐ OFF

X [Signature]

HER  
ES-4

DIC

#1 + 2

L/ORDER  
112371.00

SHIPPER/GENERAL OFFICE:  
BLOOMING EGG FARMS  
PO BOX 84 W  
BLOOMFIELD, NE  
68001

CONSIGNEE TO: BLOOMING EGG FARMS  
BLOOMING EGG FARMS  
PO BOX 84 W  
BLOOMFIELD, NE  
68001

MILE: LOCALITY

TRAFFIC INFORMATION  
DELIVERY CARRIER: MOEL ROUTE: MOELLER 1315  
WEIGHTS TO GOVERN SHIPPERS WEIGHT

DATE SHIPPED: 2-12-84  
UNIT: 1000 34

SEALS

LINE ITEMS

QUANTITY SIZE/PACKAGING  
BULK TRUCK  
WHEAT MIDDS

TRUCK LICENSE #
CUST: BLOOMING EGG FARMS MAY 84 W
TRACTOR: BLOOMFIELD, NE 48718
TRAILER #
DRIVER (Printed)

REMARKS

WAX 562440  
FOR THE MANUFACTURE OF COMMERCIAL FEED  
CRUDE PROTEIN,  
CRUDE FAT,  
CRUDE FIBER,  
MOISTURE,  
ASH,  
FIBERED WHEAT MIDDS, 10-GROUND WHEAT SEVENTEEN

MIN. 14.0%  
MIN. 3.0%  
MAX. 9.0%  
MAX. 14.5%  
MAX. 8.5%

310/17  
P 1000 - 1 -

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**
**RECEIVED**  
**03 SEP -8 AM 11:14**  
**U.S. BANKRUPTCY COURT**  
**ST. PAUL, MN**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**AMERPRIDE LINEN**

Name and Address where notices should be sent:

**AMERPRIDE LINEN**  
**1290 SOUTH VICTORY DRIVE**  
**MANKATO MN 56001**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☒ Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ 294.80

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



Ameripride Services Inc.  
 1290 S. Victory Dr.  
 Mankato, MN 56001-8302  
 Telephone: (507)345-1039 Ext.  
 Fax: (507)345-6767 Ext.  
 E-Mail: Sharon.Ryan@ameripride.org

## Statement Of Account

For:MOELLER FARMS, B14-62761  
 MOELLER FARMS  
 Accounts Payable  
 Accounts Payable Manager  
 P O BOX 109  
 SPRING VALLEY, MN 55975  
 US

Attention:Accounts Payable

DATE OF LAST PAYMENT:03/31/03

TOTAL TRANSACTIONS ON ACCOUNT AS OF Wednesday, September 03, 2003

Invoice	Date	Due Date	Balance
N532547 0303	03/07/03	04/06/03	26.33
N535106 0303	03/14/03	04/13/03	26.33
N537705 0303	03/21/03	04/20/03	26.33
N540726 0303	03/28/03	04/27/03	26.33
N542865 0403	04/04/03	05/04/03	26.33
N545412 0403	04/11/03	05/11/03	26.33
N548007 0403	04/18/03	05/18/03	26.33
N550580 0403	04/25/03	05/25/03	26.33
N553157 0503	05/02/03	06/01/03	26.33
N560871 0503	05/23/03	06/22/03	15.23
N563448 0503	05/30/03	06/29/03	21.30
N571112 0603	06/20/03	07/20/03	21.30

### AGING OF ACCOUNT

	Debits	Credits	Total	Percent
Current	0.00	0.00	0.00	0.000 %
1 - 30	0.00	0.00	0.00	0.000 %
31 - 60	21.30	0.00	21.30	7.225 %
61 - 994	273.50	0.00	273.50	92.775 %
995 - 995	0.00	0.00	0.00	0.000 %
996 - 996	0.00	0.00	0.00	0.000 %
997 - 997	0.00	0.00	0.00	0.000 %
998 - 998	0.00	0.00	0.00	0.000 %
999 - 999	0.00	0.00	0.00	0.000 %
Over 999	0.00	0.00	0.00	0.000 %

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**GENE WILDER**

Name and Address where notices should be sent:

**GENE WILDER**  
**RR1 BOX 282**  
**LEE ROY MN 55951**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☒ Wages, salaries, and compensation (fill out below)
- Your SS #: 492 58 7973
- Unpaid compensation for services performed from 5-9-03 to 5-26-03
- (date) (date)

**2. Date debt was incurred:**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**

\$ 23,150.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**
☒ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 2375

Specify the priority of the claim:

- ☒ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:

**U.S. BANKRUPTCY COURT**  
**200 U.S. COURTHOUSE**  
**316 NORTH ROBERT STREET**  
**ST. PAUL, MN 55101**

Date

9/30/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Gene Wilder - Gene Wilder

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Gene E. Wilder  
Rt 1, Box 282  
Le Roy, MN 55951

3000  
2477  
523

May 8, 2003

VAMCO, INC.  
PO BOX 109  
SPRING VALLEY, MN 55975

To Whom It May Concern:

Since my termination/layoff date of 29 April 2003, I have not received any additional wages that are due to me. The last check I received was on 11 April 2003, for the pay period ending 5 April 2003. My calculations show the following wages are still pending:

Pay Period Ending	Gross	Road Expense
Week ending 12 April	510.00	114.00
Week ending 19 April	510.00	114.00
Week ending 26 April	510.00	114.00

Additionally, cafeteria funds owed which have already been set aside are as follows:

Funds withheld for 2002	<del>\$3,000.00</del> 523
Funds withheld for 2003	1,000.00

All required papers were in order and a check was made out to be deposited in the cafeteria account to enable me to draw out the funds for year 2002. However, Wells Fargo Bank seized this account so there was not any use in making any additional deposits.

As of this date, I have not received no funds.

Sincerely

*Gene E. Wilder*  
Gene E. Wilder

*Of the 3000.00, \$2477.00  
has been returned to me  
by the bank.*

510  
342  
1952  
523  
2075

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)Name of Debtor  
VIRGIL MOELLERCase Number  
03-33611Name of Creditor (The person or other entity to whom the debtor owes money or property):  
JACOB WILDER

Name and Address where notices should be sent:

JACOB WILDER  
RR 1 BOX 282  
LEE ROY MN 55951

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☒ Wages, salaries, and compensation (fill out below)  
Your SS #: 537 06 6542  
Unpaid compensation for services performed  
from June 1 22 to Jun 1 03  
(date) (date)

## 2. Date debt was incurred:

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 7647.00 *estimated figure*

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
Specify the priority of the claim:
- ☒ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

9-20-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Jacob Wilder

Jacob Wilder

SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

31jt

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor  
**VIRGIL MOELLER**

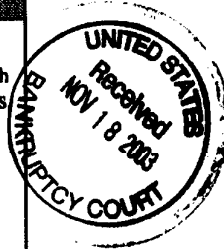
Case Number  
**03-33611**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**OLMSTED MEDICAL**

Name and Address where notices should be sent:

**OLMSTED MEDICAL  
PO BOX 4300  
ROCHESTER MN 55903**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.


Telephone Number: **507-287-2794**

Account or other number by which creditor identifies debtor:

**102-09641**

Check here if ☐ replaces a previously filed claim, dated \_\_\_\_\_  
☐ amends

**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

**2. Date debt was incurred:**
**See attached**
**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**
**\$ 90.00**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**SEND CLAIM TO:**
**U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101**
**34jt**

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**11-17-03**
**MARY WILCKEN ACCTS. MGMT**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

ACCOUNT ACTIVITY  
PROCEDURE DATE 04/03/2003 TO 04/03/2003

11/17/2003  
LAST PURGE RUN 06/08/2002

**GUARANTOR:**

102-09641  
MOELLER FARMS 77  
PO BOX 109  
SPRING VALLEY, MN 55975

**CLINIC:**

OLMSTED MEDICAL CENTER  
210 9TH ST SE  
PO BOX 4300  
ROCHESTER, MN 559034300

PROC DATE	PHYS NAME	TRAN T C	F/C	PROCEDURE DESC CODE	LOC	PATIENT NAME NUMBER	AMOUNT
04/03/2003	OCC MED NUR	T	77	SPECIMEN COLLECT 99000	10	WENESS, NATHA 2128-757-8	<del>30.00</del>
04/03/2003	OCC MED NUR	T	77	SPECIMEN COLLECT 99000	10	WILDER, GENE 2166-923-9	<del>30.00</del>
04/03/2003	OCC MED NUR	T	77	LAB-BREATH ALCOH 82075	10	WILDER, GENE 2166-923-9	<del>30.00</del>

<b>CHARGES:</b>	90.00
<b>ADJUSTMENTS:</b>	0.00
<b>PAYMENTS:</b>	0.00
<b>REPORT TOTAL:</b>	90.00

**OLMSTED MEDICAL CENTER**  
210 Ninth Street SE  
PO Box 4300  
Rochester, MN 55903-4300

Westlaw.

11686469277

Page 1

11686469277

**CORPORATE RECORDS & BUSINESS REGISTRATIONS**

This Record Last Updated: 05/15/2003  
Database Last Updated: 09-08-2004  
Update Frequency: MONTHLY  
Current Date: 09/08/2004  
Source: AS REPORTED BY THE SECRETARY OF STATE OR OTHER  
OFFICIAL SOURCE

**COMPANY INFORMATION**

Name: **MOELLER FARMS, INC.**  
Address: HWY 16 & 63 1 MI W  
SPRING VALLEY, MN 55975  
  
D&B DUNS: 07-763-4053

**FILING INFORMATION**

Filing Date: 07/22/1988  
State of Incorporation: MINNESOTA  
Date Incorporated: 07/22/1988  
Duration: PERPETUAL  
Status: INACTIVE  
Corporation Type: PROFIT  
Business Type: DOMESTIC CORPORATION

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Page 2

Address Type: BUSINESS

Registration ID#: DCX 5Z-913

Where Filed: SECRETARY OF STATE/CORPORATIONS DIVISION  
180 STATE OFFICE BUILDING  
SAINT PAUL, MN 55155

**PRINCIPAL INFORMATION**

Name: VIRGIL MOELLER  
Title: CHIEF EXECUTIVE OFFICER  
Address: RT 3  
SPRING VALLEY, MN 55975

**AMENDMENT INFORMATION**

Amendments: 09/25/1998 DISSOLUTION OF CORPORATION; STATUTORY  
DISSOLUTION - ADMINISTRATIVELY DISSOLVED

**STOCK INFORMATION**

Stock:

Authorized 10,000  
Shares:  
Par Value: \$0

**ADDITIONAL DETAIL INFORMATION**

Additional Details: 94 ANNUAL REPORT FILED ON MICROFILM #94200353

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Page 1

38190708832

**CORPORATE RECORDS & BUSINESS REGISTRATIONS**

This Record Last Updated: 05/15/2003  
Database Last Updated: 09-08-2004  
Update Frequency: MONTHLY  
Current Date: 09/08/2004  
Source: AS REPORTED BY THE SECRETARY OF STATE OR OTHER  
OFFICIAL SOURCE

**COMPANY INFORMATION**

Name: VAMCO, INC.  
Address: HWY 63 & 16 N  
SPRING VALLEY, MN 55975  
  
D&B DUNS: 06-034-5019

**FILING INFORMATION**

Filing Date: 01/13/1997  
State of Incorporation: MINNESOTA  
Date Incorporated: 01/13/1997  
Duration: PERPETUAL  
Status: ACTIVE  
Corporation Type: PROFIT  
Business Type: DOMESTIC CORPORATION

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Page 2

Address Type: BUSINESS

Registration ID#: DCX 9M-440

Where Filed: SECRETARY OF STATE/CORPORATIONS DIVISION  
180 STATE OFFICE BUILDING  
SAINT PAUL, MN 55155

**PRINCIPAL INFORMATION**

Name: VIRGIL MOELLER  
Title: CHIEF EXECUTIVE OFFICER  
Address: HWY 63 & 16 N  
SPRING VALLEY, MN 55975

**STOCK INFORMATION**

Stock:

Authorized 1,000,000  
Shares:  
Par Value: \$0

TO ORDER ORIGINAL FILINGS OR OTHER RELATED DOCUMENTS,  
CALL WEST DOCUMENT RETRIEVAL AT 1-877-DOC-RETR (1-877-362-7387).  
ADDITIONAL CHARGES APPLY.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE  
OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

END OF DOCUMENT

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**VERIFICATION**

I, Nauni Jo Manty, Trustee and movant named in the motion, declare under penalty of perjury that the facts contained in the foregoing motion are true and correct to the best of my knowledge, information and belief.

Dated:           September 9, 2004

/e Nauni Jo Manty  
Nauni Jo Manty, Trustee

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

---

In re:

Case No. 03-33611-GFK

Virgil Moeller,

Chapter 11

Debtor.

---

**UNSWORN CERTIFICATE OF SERVICE**

I, Donna M. Voth, declare under penalty of perjury that on September 9, 2004, I mailed copies of the attached **Notice of Hearing, Motion Objecting to Claims, Memorandum of Law; and Unsworn Certificate of Service** on the attached service list.

Executed on: September 9, 2004.

Signed: /e/ Donna M. Voth

Donna M. Voth

Legal Administrative Assistant

333 South Seventh Street, Suite 2000

Minneapolis, MN 55402

## Moeller Service List

Virgil Moeller PO Box 109 Spring Valley, MN 55975	Kurt M. Anderson PO Box 2434 Minneapolis, MN 55402-0434	US Trustee 1015 US Courthouse 300 South Fourth Street Minneapolis, MN 55415
US Attorney 600 US Courthouse 300 South Fourth Street Minneapolis, MN 55415	MN Department of Revenue Collection Enforcement 551 Bankruptcy Section PO Box 64447 St. Paul, MN 55164	Internal Revenue Service Special Procedures Branch 316 North Robert Street Stop 5700 St. Paul, MN 55101
IRS District Counsel 650 Galtier Plaza 175 East 5 <sup>th</sup> Street St. Paul, MN 55101	Securities & Exchange Bankruptcy Section 500 West Madison #1400 Chicago, IL 60661-2511	Sharon Ryan Amerpride Linen 1290 South Victory Drive Mankato, MN 56001
Ed Gorsuch, Case Manager Euler/American Credit Indemnity 100 East Pratt Street 5 <sup>th</sup> Floor Baltimore, MD 21202	K.F. Bishop, Vice President Baja Enterprises 9930 West Cedarwapsie Road Cedar Falls, IA 50613	Brent A. Jones, President Baja Enterprises 9930 West Cedarwapsie Road Cedar Falls, IA 50613
Diane Anding, Registered Agent Ainsworth Four Corners 3118 Highway 92 Ainsworth, IA 52201	Greg Lane 2697 Hawthorne Lane Stillwater, MN 55082	Christy Blade Business Manager And/Or Attention: President Post Bulletin P.O. Box 6118 Rochester, MN 55903
Linda Brantner Assistant Credit Manger Bauer Built, Inc. P.O. Box 248 Durand, WI 54736	Centurytel of Minnesota, Inc. C/O Rex Rainach, Attorney 3622 Government Street Baton Rough, LA 70806-5720	Lois Lex, President Union Logistics Dog Inc. P.O. Box 134 Dubuque, IA 52004
David F. Frundt 117 West 5 <sup>th</sup> Street P.O. Box 95 Blue Earth, MN 56013	C.T. Corp. Systems, Inc. 405 2 <sup>nd</sup> Avenue South Minneapolis, MN 55401 Registered Agent for Amerpride Services, Inc., aka Amerpride Linen	Euler/American Credit Accounting Euler Hermes Attention: President 800 Red Brook Boulevard Owings Mills, MD 21117

Diane Anding Registered Agent Ainsworth Four Corners 2510 Vine Avenue Ainsworth, IA 52201	Jerome Bauer Registered Agent Bauer Built, Inc. Highway 25 South Durand, WI 54736	Mark W. Schneider Registered Agent Kwik Trip, Inc. 33 South 6 <sup>th</sup> Street #310 Minneapolis, MN 55402
Jerry N. Gaalswyk, President Gaalswyk Bros Trucking Inc. P.O. Box 265 Trimont, MN 56176	Jacob Wilder RR 1, Box 282 Le Roy, MN 55951	Attention: Roxanne H. Account Supervisor Kwik Trip P.O. Box 1597 La Crosse, WI 54602
Gary Prins, CEO Prins Trucking, Inc. 414 Oxford Street Worthington, MN 56187	John Runge, President Runge Transportation 1401 7 <sup>th</sup> Avenue South Saint James, MN 56081	Yolanda Hansen, Secretary Sonlite Express, Inc. 86886 571 Avenue Laurel, NE 68745
Attention: Paul Bucher Agstar Financial Services c/o Dunlap and Seeger P.O. Box 549 Rochester, MN 55903-0549	Wells Fargo Bank NA C/O Charles W. Ries P.O. Box 7 Mankato, MN 56002-0007	Caterpillar Financial Services C/O Jessica A. Palmer-Denig Alpha Khaldi Dorsey & Whitney 50 S 6 <sup>th</sup> Street Suite 1500 Minneapolis, MN 55402-1498
US Dept of Agriculture Farm Service Agency c/o Roylene A. Champeaux 600 U S Courthouse 300 South 4 <sup>th</sup> Street Minneapolis, MN 55415	Deborah Bateman Secretary and Director Atlantic Carriers P.O. Box 457 Atlantic, IA 50022	Fred Buss RR 1, Box 273 Spring Valley, MN 55975
Gene Wilder RR 1, Box 282 Le Roy, MN 55951	Katherine Marie Moeller RR 3, Box 109 Spring Valley, MN 55975	Mary Wilken Accounts Manager And/Or Attention: President Olmsted Medical 210 Ninth Street S.E. P.O. Box 4300 Rochester, MN 55903
Ronald L. Streyle, President RTS 220 South Broadway P.O. Box 235 Rochester, MN 55903	Ronald Sundrup, President Sundrup Transfer, Inc. P.O. Box 105 Arcadia, IA 51435	

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

---

In re:

Case No. 03-33611-GFK

Virgil Moeller,

Chapter 11

Debtor.

---

**ORDER**

The above-captioned matter came on before this Court on the motion of the Trustee, Nauni

Jo Manty, objecting to the following claims (the "Claims"):

<b>Claim No.</b>	<b>Claimant</b>	<b>Amount</b>
1	Euler/American Credit Indemnity	18,150.35
3	Prins Trucking, Inc.	6,536.62
4	Sonlite Express, Inc.	1,772.90
5	Fred Buss	3,000.00
7	Atlantic Carriers, Inc.	1,158.20
8	Sundrup Transfer, Inc.	2,146.67
10	Baja Enterprises	2,408.04
11	Four Corners	438.55
12	Ayers Oil	1,173.11
14	RTS	877.22
15	Greg Lane	3,230.52
16	Gaalsyk Brothers Trucking, Inc.	4,878.92
19	Post Bulletin	219.30
20	Kwik Trip	2,680.27
21	Bauer Built, Inc.	2,831.60
22	CenturyTel of Minnesota, Inc.	725.70
23	Runge Transportation	622.07
24	Dog, Inc.	418.38
26	Ameripride Linen	294.80
30	Gene Wilder	2,375.00
31	Jacob Wilder	7,647.00
34	Olmstead Medical	90.00

Based upon all of the files, records and proceedings herein,

**IT IS HEREBY ORDERED** that the Trustee's objection to the Claims, are sustained and the Claims are disallowed.

Dated: \_\_\_\_\_, 2004.

BY THE COURT

---

GREGORY F. KISHEL  
CHIEF, UNITED STATES BANKRUPTCY JUDGE